	1	
Poge 4 should be		buriol, crematian,
n 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be	moy be retoined for your file.	permit. File pages I and 2 with the registrar prior to buriol, crematian
118. Give Poges	rm PM3. Poge 5	permit. File page

0.111	18	Film	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
CHI	•	1 1 1111	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1

05160

		to the state of the state of	11)	Key. L	7151. 140.
PLACE OF DEATH	Baltimore	5186		Where deceased lived. If Institutions Resid	lence before odmission)
b. CITY OR TOWN (if and give negres) town)	outside corporate limits, write RURA	c. LENGTH OF STAY IN 16	e. CITY OR TOWN (II	outside corporate limits, write RURAL an	d give nearest fown)
		1Y.10M. 3D.	M	c Lean	83X-3
d. NAME OF HOSPITA	AL OR INSTITUTION (IF not	in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
She	ppard Pratt		She	eppard/Pratt	YES NO
3. NAME OF DECEASED (Type or print)	NANCY	ANN	ABELL.	4. DATE Month OF DEATH May	23 19 59
5. SEX Female	man v. d	MARRIED NEVER MARRIED E	4/27/1934	9. AGE (In years feat birthday) 25 yrs.	R TYEAR IF UNDER 24 HRS.  Days Hours Min.
100. USUAL OCCUPATION during most of working 1000	ON (Give kind of work done g life, even if retired)	106. KIND OF BUSINESS OR INDUST			S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN I		
Caj	pt. Harry San	derson Abell		Elizabeth Marie Pal	lmer
	ER IN U. S. ARMED FORCES? (If yes, give wor or dotes of service)		other - 924 2	Address 5th. St., N.W., Wash	7.D.C.
PART I. DEAT	DUE TO  ny, which (b)	r line for (o), (b), ond (c).] Central nervous	system conv	ulsive disorder	INTERVAL BETWEEN ONSET AND DEATH
				INALDISEASE CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PRIMARY OF CON CAUSE OF DEATH.	ISE WAS	SCRIBE HOW INJURY OCCURRED. (E	Enter nature of injury in Par	t I ar Port II of item 18.)	
20c. TIME OF INJUR Hour a. m. p. m.			CE OF INJURY (Home, form ory, street, office bldg., etc.		ounty) (Stote)
		the remains described abo es, Accident, Sui	ove, held an <u>Autops</u> icide [], Homicide		ry [], ond find that ].
ACTUAL SIGNATURE	Ville 1/Bon		M.D. CHIEF MEDICAL EX	CAMINER [	DATE SIGNED
EXAMINER'S NAME (Type)	William V.	Lovitt, Jr., M.	ASSISTANT MEDIC	_	5/23/59
220. BURIAL, CREMATION REMOVAL (Specify)		22c. NAME OF CEMETERY OR Arlington Hat	ional Com.	22d. LOCATION (City, town, or county) Fort Myer.	(Store) Virginia.
23. FUNERAL DIRECTOR	Burden Son	ADDRESS 3034 M	St., N.W 240. REC'	D BY REGISTRAR 24b. REGISTRAR'S SI	GNATURE & KLAMA

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VS. A15ME(5) SM 9/55

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VS A15 (4)

15M 9/58

medical contract 177 Definition in the contract of 155/0/2005.3 47 december 4 4/4 and beautiful Et. and extrem netal Profits wareful Trimited declarated tables, and materials Louise. Tabula selection of all the Braile water of Brisist, all many. House, I am I die of all THE HEAVE FRANCE TO SEE FRANCE STATE OF THE Jan 1966 Fred My Park St. Co. the state of the s TERMINE TO VAN to the secretary to the country of the second part of the 

# HEALTH DEPT

necessary, please of desctor. Page dour files. of Health,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is n execute the cartificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be traded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL DIACTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo or its designated agent, prior to burial, cremation, or removal, and is any event within 72 hours after death. 4 should be

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

- 05162 Reg. Dist. No.

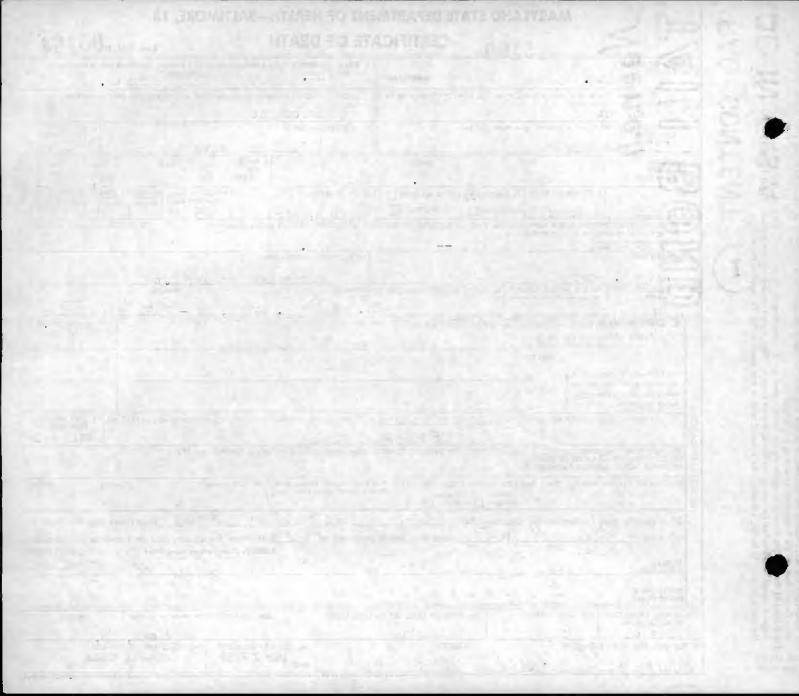
1.	e. COUNTY Balt	imore	518	S MARYE	AND	2. USUAL RESIDENCE (VO. STATE		lived. If institut b. COUNTY		efore admission)
1	b. CITY OR TOWN (It and give nearest town)		RURAL	c. LENGTH OF STAY IN	1 lb	c. CITY OR TOWN (I	f outside carpora	le limits, write	RURAL and give	nearest town)
-	d. NAME OF HOSPITA		Foot in hos	pital, give street address)		d. STREET ADDRESS	town	(a. 4	X - 5	e. IS RESIDENCE
	Rura			prior, g. 12 miles (0001000)		29 Warren	Avenue			YES NO
3.	NAME OF DECEASED	Fir		Middle		Lost	4. DATE OF	Month	Day	Yeor
	(Type or print)	c <sup>LAI</sup>	RE	CAHILL		ALEXANDER	DEATH	May	12	1959
5.	SEX	6. COLOR OR RACE	7. MARRIE			Dec. 3, 191	12 5	AGE (In years on birthday) 46 yrs.	Months Days	HOURS Min.
10	. USUAL OCCUPATIO	N (Give kind of work	ione 10b. K	IND OF BUSINESS OR IN	DUSTR	11. BIRTHPLACE (Slote	or foreign count		12. CITIZEN C	F WHAT COUNTRY?
	Research P	lanager		Chemical Co	0	Daytor	, Ohio		U.	S.A.
1;	. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
1		John L	. Ale	xander		Florence	E. Ear	ly		
A B	5. WAS DECEASED EVE	R IN U. S. ARMED FO	tervical :			ORMANT		Address		
			5	38-24-6927	Vai	nderbilt Fu	uneral H	lome, Ta	rrytown	,N.Y.
CERTIFICATION	Conditions, if on gove rise to immed (o), storing the way cause fost.	iote couse DUE TO nderlying DUE TO (c) ER SIGNIFICANT CON	DITIONS CO	Multiple  ONTRIBUTING TO DEATH  HOW INJURY OCCURRI	BUT NO	OT RELATED TO THE TERM	HNAL DISEASE CO		EN IN PART 1(0)	19, WAS AUTOPSY PERFORMED? YES NO
				Airplan	18	crash				
MEDICAL	21, I certify the	19 at I taak charge	of the r	NJURY OCCURRED 20ers of work control of work c	Air	over farm  e, held an Autops	Chase	ection [],	(County)  Relto Inquiry mined mann	(Stote)  Md.  , and in my er
2	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	M.B. Davis	Da.	พร <sup>*</sup>		M.D. CHIEF MEDICAL E: ASSISTANT MEDIC DEPUTY MEDICAL	AL EXAMINER		Jul	DATE SIGNED
	REMOVAL (Specify)			22c. NAME OF CEMETER		REMATORY  OW Cemetery		rytown, or		(State)
	FUNERAL DIRECTOR'S			ADDRESS		240, REC*	D BY REGISTRAR		TRAIT'S SIGNATU	RE
	William Co	ok, Inc,,	1217	St. Paul	Str	eet DAMA	Y 1 5 '59	Cath	on & there	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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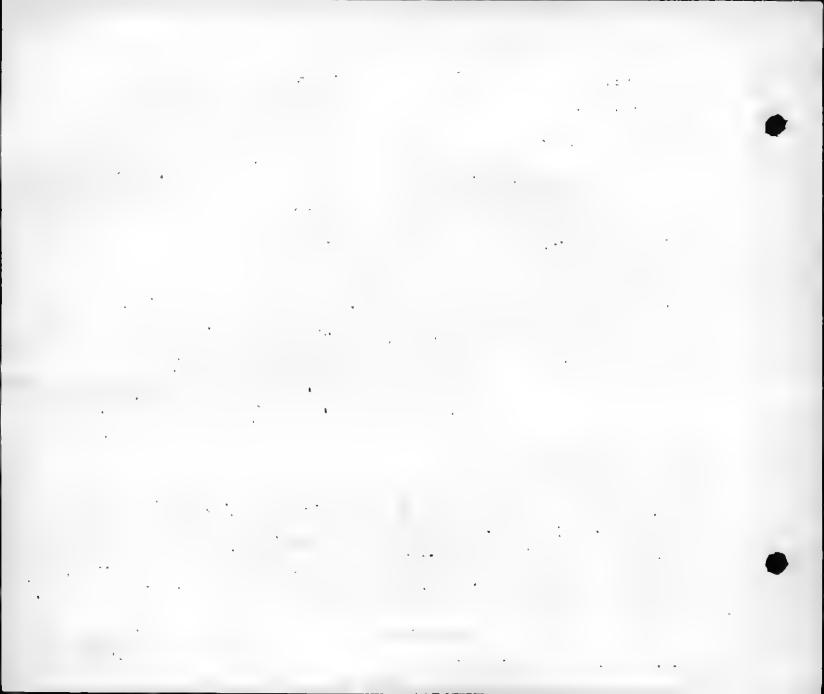
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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**YS. A15ME** BM 2/57

N.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05166

_						Keg. (	Dist. No.		
1.	PLACE OF DEATH	Baltimore	5192 MARYLAND	O STATE Mary		If institution Resid	dence before adm ssian)		
_	b. CITY OR TOWN (II	outside corporate him to, write MUEAL	C. LENGTH OF STAY IN 16	c CITY OR TOWN (II	outside carporate lim	ils, weite RURAL ar	nd give nearest town)		
	Catonsy	7 Page 19	3Lyr27dys	Baltimore	>	7 Y /	- 4		
	d NAME OF HOSPITA	AL OR INSTITUTION (If not in	n haspital, give street address)	d STREET ADDRESS			IS RESIDENCE		
¥-	SPRING GRO	OVE STATE HO	SPITAL	1735 East	Baltimore	Street	YES NO		
3.	NAME OF DECEASED (Type or print)	Binnie	Middle Aug	erbach	4. DATE OF DEATH	Month May	Day Year 7 19 59		
5.	SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	DATE OF BIRTH	9 AGE last bert		R TYEAR IF UNDER 24 HR		
	female	white wo	OWED DIVORCED	Nov. 1. 1901	57	yrs. Months	Days Hours Min.		
0	during most of work n	IN (Give kind of work done) I g life, even if refired)	06 KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (Stote			TIZEN OF WHAT COUNTR		
13	Laborer L FATHER'S NAME		upholstery facto	TIA. MOTHER'S MAIDEN			Russia		
		h Aberbuch							
15		ER IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO 17	Unkn NFORMANT	OWII	Address	-		
	unknown	Unknown	1	cords: SPRI	NG GROVE	STATE H	TOC:TMAT		
=		TH Enter only one couse per		Direction Direction	MG - PINAR	DIRIE I	IOSTTTAL INTERVAL BETWEEN ONSET AND DEATH		
	PART I DEAT	H WAS CAUSED BY:	Cerebral hemorrha	age			ONSET AND DEATH		
	33/X	IMMEDIATE CAUSE (6)							
	Cardinary It or	DUE TO	Arteriosclerosis	with hyperte	nsion				
	gove rise to immediate cause								
	(o), stating the underlying DUE TO								
z		FE SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDI	TION GIVEN IN PA	ART I(a) 19. WAS AUTOPSY		
212							PERFORMED? YES K NO		
CERTIFICATION	20g, EXTERNAL CAL PRIMARY   gr CON CAUSE OF DEATH.	JSE WAS TRIBUTING []	CRIBE HOW INJURY OCCURRED (	Enter nature at injury in Pai	t t or Part 11 of item 1	8.)			
3	20c. TIME OF INJUI		20d. INJURY OCCURRED 20e PLA	CE OF INJURY (Home, fare tary, street, office bldg., etc.	n. 20f. (City or fawn)	(C	ounty) (State)		
MEDI	Hour o.m.		While Not while 1900 of work   1900	idi y, siteer, diffice biog., dic	"				
_		of I took charge of t	he remains described abo	ove, held an Autops	y 7. Inspecti	on [], Inqu	iry ond in my		
	op'nion death	resulted from: Notus	rgl couses [P]. Accident	□. Suicide □.	Homicide	Undetermined	monner		
	6	21 10 1	1. 71						
	ACTUAL	Jers. M.	ceffer	M.D. CHIEF MEDICAL E	KAMINER []		DATE SIGNED		
	John Toke			ASSISTANT MEDIC	AL EXAMINER		5-14-59		
	EXAMINER'S NAME (Type) (	George M. Kief	fer. M. D.	DEPUTY MEDICAL	EXAMINER (2)		J 77		
12	O. BURIAL CREMATIC	N. 276. DATE THEREOF	22c. NASAE OF CEMETERY OF	CREMATORY	22d LOCATION CA	y, lown, or county)	) 7 (S)mte)		
	MEMOVAL (Specify)	F-15-59	onch Sh	olow	12	alto	Ma		
23	, I WERAL DIRECTOR	S SIGNATURE (	ADOPESS	240 REC	D BY REGISTRAR 2	HE REGISTRAN'S S	IGNATURE		
	Sackte	was ALC 2	100 Eutow	Place MITE	MAY 1 5 '59	arthur	S. Kinus		



may be retained by the hospital ar attending physician.

O FUNERAL DIT DR: After this certificate has been signed by the attending physician and completely filled in by page 3 should accretached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 the registrar priar to burial, cremation, ar remayal, and in any event within 72 pours after death.

TO FUNERAL DI

VS A1S (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05167

- 1-					Reg. Dist. No.				
Ī	PLACE OF DEATH COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Maryland	re deceased lived If institution b COUNTY	Residence before admission)				
ı	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	7	itside corporate limits, write RUR	(AL and give negrest town)				
	RURAL and give negrest town;  Fort Howard	123 Days	Baltimore		CV				
-	d NAME OF HOSP TAL (If not in hospital, dive street		d STREET ADDRESS	(30)	e. IS RES DENCE				
}	OR INSTITUTION  Veterans Administrat	tion Mospital	654 Washi	ngton Boulevar	d ON A FARM? YES NO M				
3	NAME OF FIRST DECEASED (Type or print) GEORGE	Middle <b>P</b> •	BACKMAN	4. DATE Month OF DEATH MAY	Doy Year 12 19 59				
5	SEX 6 COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS				
L	Male White widow		March 17,1872	Of yes	Months Doys Hours Min				
Ļ		KIND OF BUSINESS OR INDU	Ft. Wayne,	or foreign country) Michigan	12. CITIZEN OF WHAT COUNTRY				
י	3. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME					
L	John A. Backman		Mary Marrin	ian					
	Yes no, or unknown] [If yes, give wor or dates of service]		NFORMANT lin.Rec.,Vet./	Addres idm. Hospital, Ft					
Г	18 CAUSE OF DEATH [Enter only one couse per le	ne for (o). (b), and (c).)			INTERVAL DETWEEN				
	PART I DEATH WAS CAUSED BY CARDIAC DECOMPENSATION  ONSEL AND DEATH UNKNOWN								
	420.0 DUE TO								
	The state of the s	TERIOSCLEROTIC	HEART DISEASE		UNKNOWN				
-	gove rise to immediate COUE TO								
	lying couse lost. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	I IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO				
	200. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Pa	ort I or Part II of item 18.)	125 100 12				
1001437		NJURY OCCURRED 20e. PL. Not while t of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)				
	21. I certify that Xattended the deceas	ed from January	9 159 to May	12 19 59	YXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
					on the date stated above				
	1 1 1 0	21		DORESS (Street, city or lown, sta					
	SIGNATURE JOHN W. Craw	Herd	M.D. VAH. FORT	HOWARD, MARYLA	ND 5/12/50				
	PHYSICIAN'S JOHN W. CRAWFORD								
2	20. BURIAL, CREMATION, 225. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City town, or o	(State)				
	Burial 5/15/59	Baltimore Nat	ional Cemeter		Maryland				
2	I. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			AR'S SIGNATURE				
V	m. Tickner & Sons, Inc. No.	rth & Penns A	ves offay 1	3 '59	& Heart				
		AVY -A TAINING W		10 Cary 1/2	disaud.				



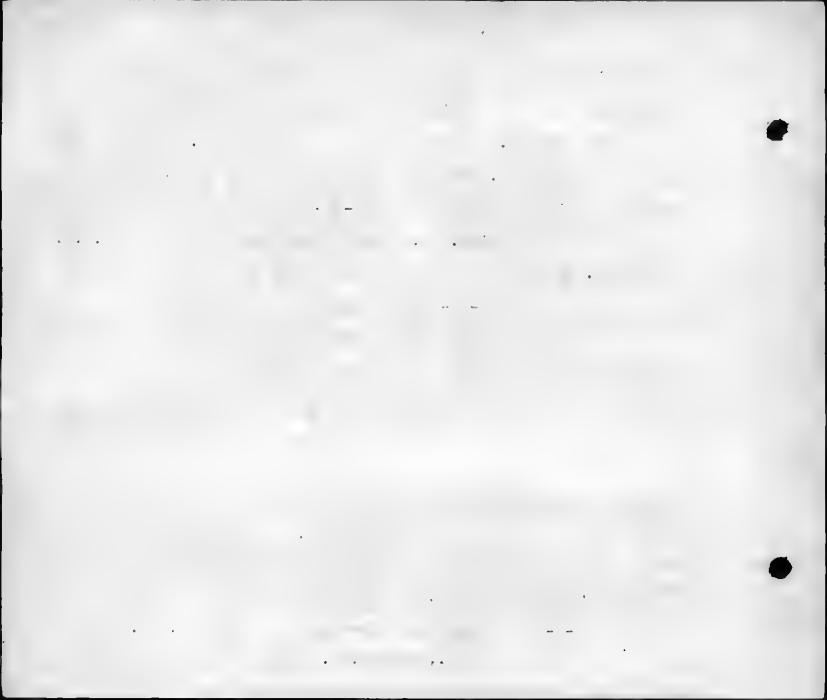
VS A15 (4) 15M 9/55

MARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH—BALTIMORE	. 18
	Ttem :	4	h=11=53 at	

5194 CERTIFICATE OF DEATH

Reg. Dist. No. ()5168

B CUTY OR TOWN (If outside corporate limits, write RURAL and give necessal lown)   Sparks   C CUTY OR TOWN (If outside corporate limits, write RURAL and give necessal lown)   Sparks	1	PLACE OF DEATH o. COUNTY  Baltimore	MARYLAND	2 USUAL RESIDENCE (WI	nere deceosed lived If ins		before odmission)	
STREET ADDRESS		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c CITY OR TOWN (IF o		ite RURAL and giv	re nearest town)	
Belfast Rd.  Belfast Rd.  Belfast Rd.  Belfast Rd.  Belfast Rd.  Star December Decem	-			*			- 10 DESIDENCE	
Decay   Deca		OR INSTITUTION		<i> </i>	lfast Rd.		ON A FARM?	
S. SEX   G. COLOR BACE   7 MARRIED   NEVER MARRIED   8 DATE OF BIRTH   9 AGE (In year)   UNDRET VEAR IT UNDER 22 HES   100 LUSAL OCCUPATION (Give hind of wear dense during on the working life, even of relived)   OHYONGE   100 LUSAL OCCUPATION (Give hind of wear dense during on the working life, even of relived)   OHYONGE   100 LUSAL OCCUPATION (Give hind of wear dense during on the working life, even of relived)   OHYONGE   OHYONG	3		Middle	Lost	4 DATE	Month	Oay Yeor	
Female   White   WIDOWED   DIVORCED   3-16-1888   71/70 yr   Month   Days   Mours   Min		(Type or print) Anna M.	Bacon		DEATH	5-1-59	19	
DECRETE WINDOWED DIVORCED 3-16-1888 7170 79  OU USALO COLUMBTON (City bind of work John 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHACE (Slote or foreign country)  12. CITIZEN OF WHAT COUNTRY USALO COLUMB 106 (with gille, even of relited)  DATE OF COLUMB 11. BIRTHACE (Slote or foreign country)  13. FATRER'S NAME  LEWIS M. Bacon  IV. MOTHER'S MAIDEN NAME  LEWIS M. Bacon  Off fire give were dotted of writed;  14. MOTHER'S MAIDEN NAME  LOWIS M. Bacon  Off fire give were dotted of writed;  15. WAS DECREASEDEVER IN U. S. ARMED FORESS 16 SOCIAL SECURITY NO. 17 INFORMANT  NO  16. CAUSE OF DEATH (Enter only one course per line for (a) (b). one (a) 1  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  OFF CONTROL SCHOOL SECURITY OF COLUMB 10 ONE STAND OF COLU	5.	SEX 16. COLOR OR RACE 7 MARR	HED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In y		YEAR IF UNDER 24 HRS	
Conting noted working life, even of retired   Balto. Co. Court Maryland   U.S.A.				7	71,779	yrs		
Clerk  Balto. Co. Courk Maryland  U.S.A.  13. FATHER'S NAME  Lewis M. Bacon  15. WAS DECASEDEVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  217-20-9790  Self  18. CAUSE OF DEATH [Enter only one course per line for (o) (b), and (d)  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  But to the Silis S  Carcinoma of the Ovary with multiple  Conditions, if any, which gove rise to immediate course [o]. Uniformation of the Ovary with multiple  Conditions, if any, which gove rise to immediate course [o]. Uniformation of the Ovary with multiple  Conditions, if any, which gove rise to immediate [o].  Part II. Other Significant conditions contributing to Death but not related to the Terminal Disease Condition Given in Part I (o) 19. WAS AUTOPSY YES IN O 2  20. ACCIDENT WAS UNDERLYING [].  20. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (Enter noture of injury in Part I of item 18)  20. Time of INJURY Month. Doy, Year 20d. INJURY OCCURRED (Enter noture of injury in Part I of item 18)  21. I certify that I attended the deceased from 2/7	10	to USJAL OCCUPATION (Give kind of work done) 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. C!TIZ		
Lewis M. Bacon   Anna Dosh	L	Clerk Ba	lto. Co. Co	urt Maryl	and		U.S.A.	
15 WAS DECEASED EVER IN U. S. ARMED FORCESS   6 SOCIAL SECURITY NO.   17 INFORMANT   217-20-9790   Self	13	FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME		-	
The properties of the proper	L			Anna	Dosh			
18. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c)]  PART I. DEATH WAS CAUSES (a)  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate couse (b). Indeed, so the couse (c), storing the under living couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) IP WAS AUTORY YES NO 2  20a. ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18)  OR CONTRIBUTING   CAUSE OF DEATH HOW on m. p. m. 19   or work   of work	15		SOCIAL SECURITY NO. 17	NFORMANT		Address		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  DUE TO  Conditions, if ony, which gove rise to immediate couse (c), stoing the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? PERFORMED.	L		7-20-9790	self				
Conditions, if only, which gave rise to immediate couse (o), stoling the under lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 2  200. ACCIDENT WAS UNDERLYING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 2  200. ACCIDENT WAS UNDERLYING NO 200. INJURY OCCURRED (Enter notione of injury in Part 1 or Part 11 of item 18)  200. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Enter notione of injury in Part 1 or Part 11 of item 18)  200. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Enter notione of injury in Part 1 or Part 11 of item 18)  21. I certify that I attended the deceased from 2/7, 19 Gotory, street, office bldg, set.) 21. I certify that I attended the deceased from 2/7, 19 Gotory, street, office bldg, set.)  21. I certify that I attended the deceased from 2/7, 19 Gotory, street, office bldg, set.)  22. I certify that I attended the deceased from 2/7, 19 Gotory, street, office bldg, set.)  23. I certify that I attended the deceased from 2/7, 19 Gotory, street, office bldg, set.)  24. I certify that I attended the deceased from 2/7, 19 Gotory, street, office bldg, set.)  25. I certify that I attended the deceased from 2/7, 19 Gotory, street, office bldg, set.)  26. I representation 22b. Date Thereof 22c NAME OF CEMETERY OR CREMATORY 22d. (DCATION (City, town, or county) (Slote)  27. BURISHORD 22b. Date Thereof 22c NAME OF CEMETERY OR CREMATORY 24c DECENTRAR 2 SIGNATURE  27. BURISHORD 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 24c DECENTRAR 2 SIGNATURE  27. BURISHAL DIRECTOR'S SIGNATURE  27. BURISHAL DIRECTOR'S SIGNATURE  27. BURISHAL DIRECTOR'S SIGNATURE	F	18. CAUSE OF DEATH [Enter only one cause per fir	ne for (a) (b), and (c)					
Conditions, if ony, which gover rise to immediate couse (o), storing the under tying couse lost.  Part II. Other Significant conditions contributing to death but not related to the terminal disease condition given in part 1(o) 19 Was autopsy yes no 200. Accident was understying a 20b describe how injury occurred (enter noture of injury in Port 1 or Port II of item 18)  20c. Accident was understying a 20b describe how injury occurred (enter noture of injury in Port 1 or Port II of item 18)  20c. Accident was understying a 20b describe how injury occurred (enter noture of injury in Port 1 or Port II of item 18)  20c. Accident was understying a 20b describe how injury occurred (enter noture of injury in Port 1 or Port II of item 18)  20c. Accident was understying a 20b describe how injury occurred (enter noture of injury in Port 1 or Port II of item 18)  20c. Time of Injury month, boy, Year 20d. Injury occurred (enter noture of injury in Port I or Port II of item 18)  20c. Time of Injury month, boy, Year 20d. Injury occurred 20c. Place of Injury (Home, form, 20f (City or town) (County) (Stole)  20c. Time of Injury month, boy, Year 20d. Injury occurred at 1 a 10 pm, from the causes and an the date stated above on 20c. Injury occurred at 1 a 10 pm, from the causes and an the date stated above address (Street, city or town, stole) Date stoned Stonature 20c. Place for Injury in Port I or Port II of item 18)  20c. Place of Injury in Port I or Port II of item 18)  20c. Place of Injury in Port I or Port II of item 18)  20c. Place of Injury in Port I or Port II of item 18)  20c. Place of Injury in Port I or Port II of item 18)  20c. Place of Injury in Port I or Port II of item 18)  20c. Place of Injury in Port I or Port II of item 18)  20c. Place of Injury in Port I or Port II of item 18)  20c. Place of Injury in Port I or Port II of item 18)  20c. Place of Injury in Port I or Port II of item 18)  20c. Place of Injury in Port I or Port II of item 18)  20c. Place of Injury in Port I or Port II of item 18)  20c. Place of In		PART I. DEATH WAS CAUSED BY:	Parcinoma of #1	ha Ozzasza milk			ONSET AND DEATH	
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gove rise to immediate couse (o), stating the under tying couse lost.    Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO 2    20a, ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18)    20a, ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18)    20c. TIME OF INJURY Month, Doy, Year   20d. INJURY OCCURRED   While   Not white   foctory, street, office bidg, etc.)	Н	Conditions if one which	. MC0.5335.	18			6 Months	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  200. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRIBUTING CONTRIBUTION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRIBUTION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRIBUTION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRIBUTION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRIBUTION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRIBUTION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRIBUTION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRIBUTION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRIBUTION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRIBUTION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRIBUTION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRIBUTION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRIBUTION GIVEN TO PART 1 (0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRIBUTION GIVEN TO PART 1 (0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRIBUTION GIVEN TO PART 1 (0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRIBUTION GIVEN TO PART 1 (0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRIBUTION GIVEN TO PART 1 (0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRIBUTION GIVEN TO PART 1 (0) 19 WAS AUTOPSY PERFORMED?  YES ON CONTRI	Н	Luine cours lost						
200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]  200. CONTRIBUTING CAUSE OF DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]  200. TIME OF INJURY Month.  Doy. Year  200. INJURY OCCURRED  While  of work  Not while  of work  Not while  of work  21. I certify that I attended the deceased from.  2/7, 19. Gota.  7/1, 19. 59, that I last saw the deceased alive on.  19. 59., and that death accurred at 1210 RM, from the causes and an the date stated above  ACTUAL  SIGNATURE  PHYSICIAN'S  NAME (Type)  C. H rbert Mueller  PHYSICIAN'S  NAME (Type)  C. H rbert Mueller  220. NAME OF CEMETERY OR CREMATORY  PHYSICIAN'S  NAME (Type)  SOLUTION  221. LOCATION (City, town, or county)  Solution  Solution  (Slote)  Monkton Methodist  Monkton, Md.  222 BUNGRAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR SIGNATURE	Z	(1)	CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERM	NIAL DISEASE CONIDITION	CIVEN IN DADT	V-1 10 W/AC AUTORSY	
200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]  200. CONTRIBUTING CAUSE OF DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]  200. TIME OF INJURY Month.  Doy. Year  200. INJURY OCCURRED  While  of work  Not while  of work  Not while  of work  21. I certify that I attended the deceased from.  2/7, 19. Gota.  7/1, 19. 59, that I last saw the deceased alive on.  19. 59., and that death accurred at 1210 RM, from the causes and an the date stated above  ACTUAL  SIGNATURE  PHYSICIAN'S  NAME (Type)  C. H rbert Mueller  PHYSICIAN'S  NAME (Type)  C. H rbert Mueller  220. NAME OF CEMETERY OR CREMATORY  PHYSICIAN'S  NAME (Type)  SOLUTION  221. LOCATION (City, town, or county)  Solution  Solution  (Slote)  Monkton Methodist  Monkton, Md.  222 BUNGRAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR SIGNATURE	-ATIO	TAN AL OTHER MOVINGARY CONDITIONS O	SOUTH BOTTON	NOT RECATED TO THE TERM	MAE DISEASE CONDINOR	GIVEN IN PART	PERFORMED?	
21. I certify that I attended the deceased from 2/7 , 19 50ta 5/1 , 19 59, that I last saw the deceased alive on 19 59 , and that death accurred at 120 FM, from the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE C. Herbert Mucllum M.D. Yould Pashlow P.O. Hereford Mary 12/59  PHYSICIAN'S NAME (Typo) C.H rbert Mucllum Jr.  220 BURIAL CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY PROVAL (Specify) Burial 5-4-59 Monkton Methodist Monkton, Md.  23 BUNGRAL DIRECTOR'S SIGNATURE ADDRESS 24g REC'D BY REGISTRAR SIGNATURE	CERTIF	20g. ACCIDENT WAS UNDERLYING TO DESCRIPTION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRE	D (Enter noture of injury in (	Part I or Part II of item 18	1	, 0 0	
21. I certify that I attended the deceased from 2/7 19 50ta 5/1 19 59, that I last saw the deceased alive on 19 59 and that death accurred at 1 10 pm, from the causes and an the date stated above.  ACTUAL SIGNATURE Declet Mueller M.D. Your Rd. Pashlow P.O. Here forch World 5/2/59  PHYSICIAN'S NAME (Type) C. H rbert I weller Jr.  220 BURIAL CREMATION 22b. DATE THEREOF REMOVAL (Specify) Burial 22b. DATE THEREOF Monkton Methodist Monkton, Md.  23 EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a REC'D BY REGISTRAR S SIGNATURE	Į.	20c. TIME OF INJURY Month, Doy, Year 20d. It	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	, 20f (City or town)	{Co	unty) (Siole)	
actual signature — Therefore — Date Thereof — Date	MEDI	Hour a.m. While al worl	IAOI MIIIE	ctory, street, office bldg , etc	1			
actual signature — Therefore — Date Signed — Monkton Methodist — Monkton Ma.  226 BUNERAL DIRECTOR'S SIGNATURE — ADDRESS   Street, city or town, stote) — DATE SIGNED — DATE SIGNATURE		21. I certify that I attended the decease	ed from. 2/7	, 19gota	로/ 1 . 19	59,that I la	st saw the deceased	
ACTUAL SIGNATURE . Therefore Muchler Jr.  ACTUAL SIGNATURE . Therefore Muchler Jr.  ACTUAL SIGNATURE . Therefore Muchler Jr.  ADDRESS (Street, city or town, stote)  DATE SIGNED  ADDRESS (Street, city or town, stote)  ADDRESS (Street, city or town, stote)  DATE SIGNED  ADDRESS (STREET, city or town, stote)  ADDRESS (STREET, city or town, stote)  DATE SIGNED  ADDRESS (STREET, city		5/1						
PHYSICIAN'S C.H rbert l'ueller Jr.  220 BURIAL CREMATION   22b. DATE THEREOF   22c NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or county)   (Stote)   Burial   5-4-59   Monkton Methodist   Monkton, Md.  23 EUNERAL DIRECTOR'S SIGNATURE   ADDRESS   24g REC'D BY REGISTRAR   24b REGISTRAR SIGNATURE		1 0 0 000	1 00 1					
NAME (Type)  On There is the let of the let			weller fr	M.D. YOURRA	Parkton P.O.	Herefore	14/5/2/59	
Burial 5-4-59 Monkton Methodist Monkton, Md.  23 EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g REC'D BY REGISTRAR 24b REGISTRAR S SIGNATURE		PHYSICIAN'S C.H rbert Mue	ller Jr	¥				
Burial 5-4-59 Monkton Methodist Monkton, Md.  23 EUNERAL DIRECTOR'S SIGNATURE  ADDRESS 24g REC'D BY REGISTRAR 24b REGISTRAR 5 SIGNATURE	27		22c NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, to	wn, or county)	(Stote)	
23 EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g REC'D BY REGISTRAR 24b REGISTRAR 5 SIGNATURE		Burial 5-4-59	Monkton M	ethodist	Monkton	. Md.		
A SUN CIBE OCT 622 York Rd., Towson4, Md. DATE MAY 6 '59 arthur & Kinns	23		ADDRESS	24a REC'	D BY REGISTRAR 24b		IATURE	
	2	Suctiberty 622 You	rk Rd., Towso	n4, Md. DATE M	AY 6 '59	arthur &	Kinia	



Ellsworth Armacost-4000 Liberty Hghts. Ave.

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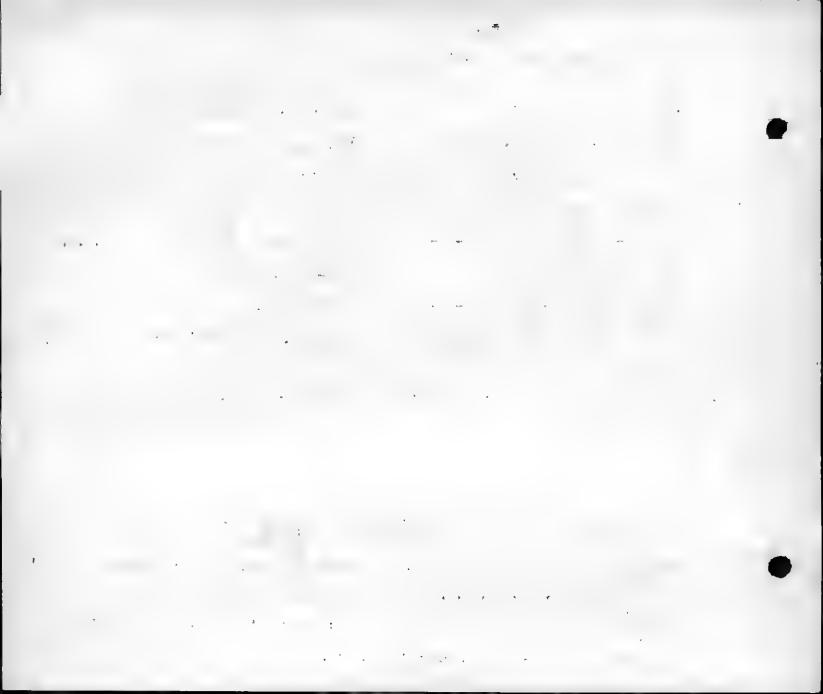
requires that the death certificate

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attending

Reg. Dist. No. I director, filed with 1. PLACE OF DEATHROSEWOOD State Training School 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) **b.** COUNTY Baltimore MARYLAND Maryland b CITY OR TOWN (if autside carporole limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Owings Mills, Maryland should 12 days Baltimore. Maryland d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? OR INSTITUTION Rosewood State Training School YES NO 3617 Forest Park Avenue NAME OF 4. DATE Middle Manth Yeor DECEASED OF Lola Sue DEATH (Type or print) Baer 19 59 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 8. DATE OF BIRTH lost birthday) Manths Days DIVORCED [7] Female White WIDOWED | poper COM 10a. USLAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Maryland U.S.A. and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL physicion Curtis Watson Baer ELeanor Ridgely Dew ета 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address attending Rosewood Records no please 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (or Broncho pneumonia with acute bronchitis and inanition DUE TO à Canditions, if ony, which been signed gove rise to immediate Pe DUE TO cause (a), stoting the under-Spastic Quadriplegia with athetosis Birth lying couse last **burial-transit** WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 YES NO TO 20g. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING ACAUSE OF DEATH 20b. DESCRISE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, 20f, (City or town) Doy, Year 20d INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) MEDI Not while at wark at work 21. I certify that I/ottended the deceased from 4/23/59 5/5/59. \_\_. to \_\_\_\_\_ 19\_\_\_, that I last saw the deceased and that death occurred at 9:158 M, from the causes and on the date stated above. alive on\_\_ TOR DATE SIGNED ADDRESS (Street, city ar tawn, state) ACTUAL SIGNATURE M.D. Rosewood State Training School shauld ā PHYSICIAN'S G. Butler. Owings Mills, Maryland NAME (Type) BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) page Burial (Specify) Pikesville Maryland Druid Ridge Cemetery 5/6/1959 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

05170

Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If institution: Residence before admission) a. COUNTY **b.** COUNTY Maryland Baltimore Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Baltimore 12 Baltimora 12 d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 6409 Blenheim Road 6409 Blenheim Road YES NO X NAME OF Middle Last 4. DATE Month Day Year DECEASED BARTHOLOMAIE DEATH KATIE LEE (Type or print) May 30. 1959 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthday) Months Days Hours DIVORCED | Female WIDOWED IX 68 White YES 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? Own Home Maryland USA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry W. Engelhardt Della Harden 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Mrs. Howard E. Dallam. 6409 Blenheim Rd. Balte. 12 No None None 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINOMATOSIS, GENERALIZED 5 MOS IMMEDIATE CAUSE (6) **DUE TO** CARCINOMA BREAST Conditions, if any, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 17 200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18) OR CONTRIBUTING | CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Doy. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 1940 May 30, 1957 that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at Z.P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State) REMOYAL (Specify) . 1959 Loudon Park Cemetery Baltimore, Maryland June 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR DATE JUN 5 arthur S. Kraus John Burns! Sons, Towson, Maryland



within

executed

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certificate

death

physician

attending

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

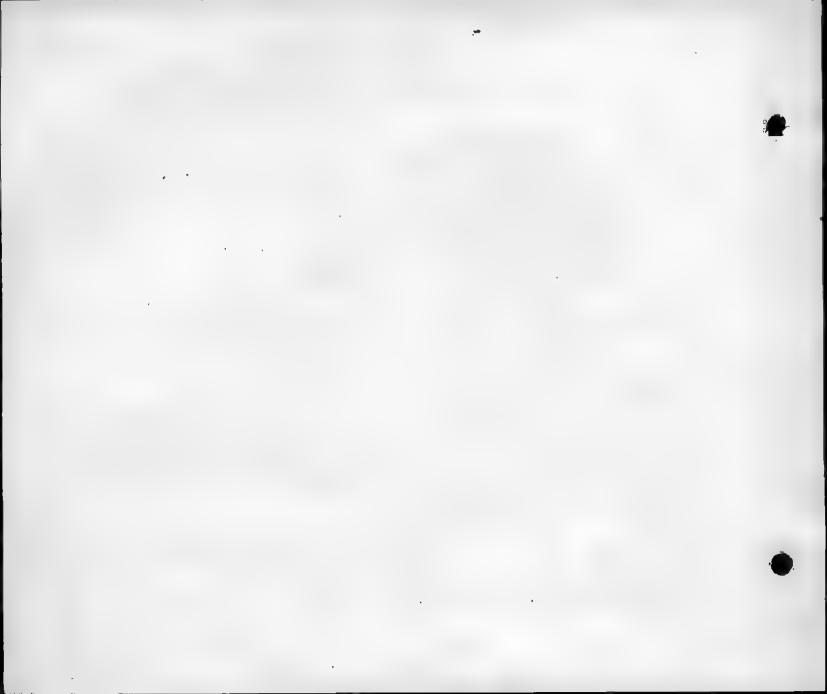


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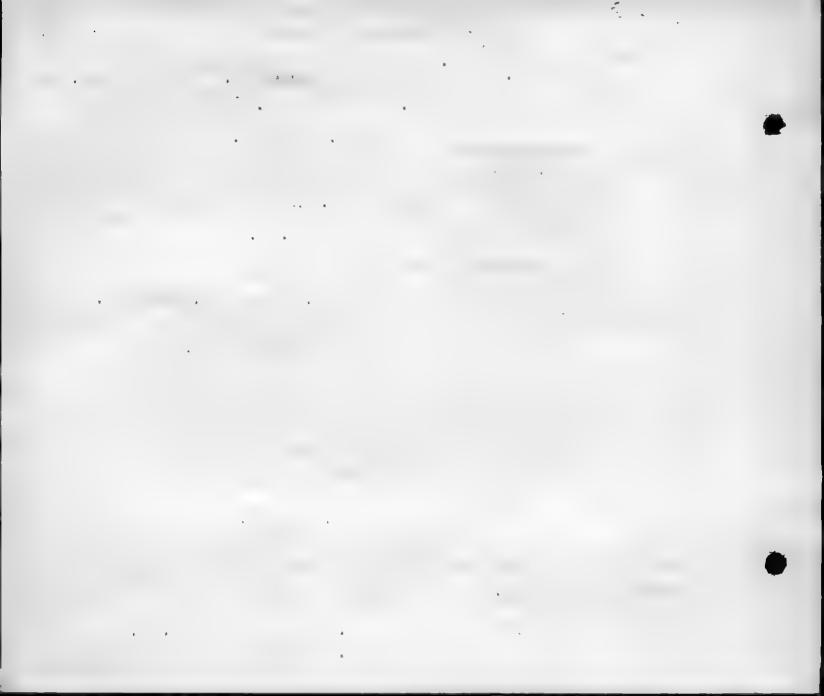
	MARYL	AND	STATE DEPARTM	ENT OF H	EALTH	-BAL	TIMORE, 18		
	U,	197	CERTIFICA	ATE OF D	EATH		R	leg. Díst. N∳.	15172
1. PLACE OF DEATH 0. COUNTY Ba	ltimore		MARYLAND	2. USUAL RESID		ylano	f lived. If institution: b. COUNTY	Residence before Baltim	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Randallstown  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Randallstown						irest fown)			
d. NAME OF HOSPITAL (If not an hospital, give street address) OR INSTITUTION 3502 Chapman Road				/ d STREET AI 3502	Chap	man	Road		e. IS RESIDENCE ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print)		HEL	JOHNSON	BELC		4. DATE OF DEATH	Month May	Do 2	
5. SEX Female	White	WIDOW	ED DIYORCED	Dec. 2,	1882		lost birthday) M	UNDER 1 YEAR	Hours Min
10a. USUAL OCCUPATIOn during most of work  At hom	N (Give kind of work of ing life, even if retired)	one 10b.	KIND OF BUSINESS OR INDUS	Winch				USA	F WHAT COUNTRY

Rand d. NAME OF HOS NAME OF DECEASED (Type or print) 5. SEX Female 10a. USUAL OCCUPA during most of y At ho 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James K. P. Johnson Rosalind Ward 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (If yes, give wor or dates of service) No None Thomas Town Belcher-3502 Chapman Road 1B. CAUSE OF DEATH [Enter only one cause per life for (a), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 **DUE TO** Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Not while While of work at work p. m. 21. I certify that I attended the deceased from 111 ...that I last saw the deceased and that death accurred at 111. M, from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S Thomas E. Wheeler, M.D. 3601 Clifmar Road NAME (Type) 220 BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify)
Burial 6/1/1959 Woodlawn Mausoleum Baltimore Maryland 24o. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Ellsworth Armacost-4600 Liberty Hights. Ave. arthur & Heart DATESTIN 2

V5 A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



H

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4

moy be retained the haspital or attending physician.

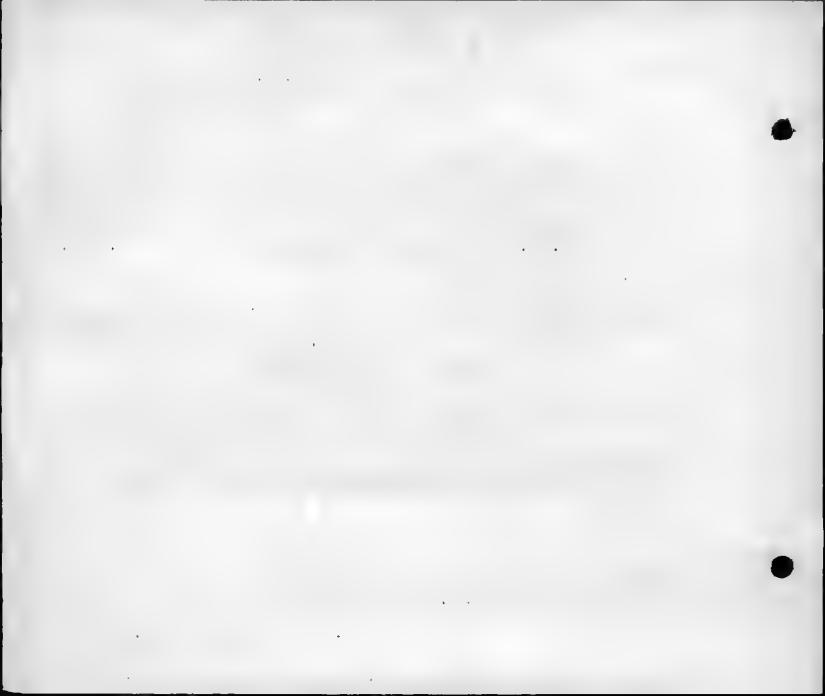
\*\*TO FUNERAL DIX DR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registror prior to buriol, cremotion, or remayol, and in any event within 72 hours, offer death.

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5199 **CERTIFICATE OF DEATH**  Reg. Dist. No. () 5174

1.	1. PLACE OF DEATH  a COUNTY  Baltimore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)  b. COUNTY  Baltimore								admission)			
	B. CITY OR TOWN (IF RURAL ond give nec	arest town)	ts, write	c. LENGTH OF STAY	H	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore						
,	d NAME OF HOSPITA	L (If not in hospital, )		oddress)	dy s		Park l		Warii a			IS RESIDENCE ON A FARM?
	SPRING GRO		210	PITAL		22)						ES NO
	NAME OF DECEASED (Type or print)	Marion	ļ	DeWolf			erry	4. DATE OF DEATH	Ma	-	7 Doy	19 59
	SEX		7 MARR	IED NEVER MARR	IED 🔲 🖁	DATE OF	BIRTH		9 AGE (In year last birthday	) Months		UNDER 24 HRS
	female	white	WIDOWE	Name .			12, 1		68 yr	rs Wildings	Doys   F	IOUES M II
10	Do. USUAL OCCUPATION  during most of works	N (Give kind of working life, even if relired	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11 80	RTHPLACE (SIO	le or foreign (	country)	12 CITI	ZEN OF V	WHAT COUNTRY?
	housewif			Carlins Pa	rk		Mass	sachus	ettes	Ī	J. S.	. A.
) [E	, FATHER'S NAME					14. MOT	HER'S MAIDEN	NAME				
	John D	eWolf						Marg	aret Car	twright	5	
15	, WAS DECEASED EVER			SOCIAL SECURITY NO	D 17 1N	FORMANT		8		ddress		
[ '	(es. no. or unknown) (p	f yes, give wor or dates of	ervice]	124-12-752	2 Rec	ords:	SPRIN	IG GRO	OVE STA	TE HOS	SPITA	T.
=	TIB. CAUSE OF DEAT	THE [Enter only one co					104 3 44.2	10 020	7 23 521	220		AL BETWEEN
	PART 1 DEAT	H WAS CAUSED BY:		Arterioscl	*	0.00	ndi otto c	aul am	diamen		ONSET	AND DEATH
	itida.1	IMMEDIATE CAUSE (d	7	WI DETITORET	E 10 0-	to ca.	rarovas	Cular	urs ease	-	-	
	1	DUE TO		0	A		7	J				
	Conditions, if an	mediate		<u>Generalize</u>	a ar	erio	scleros	18			-	
	cause (a), stoling t											
7	lying couse lost.	7 (0		COLUMN TIME OF THE PARTY		107.071.47						
Q.	PARE II OTH	ER SIGNIFICANT CON	טוווטאא כ	ON IKIBOTING TO DE	EATH BUIL	YOI KELAII	ED TO THE TER	MINAL DISEA:	RE CONDITION C	FIVEN IN PARI	1	PERFORMED?
5	70 40000000		70) 050	Color Lighter thillians of		45			A 4 5 7 10 1		Y	ES 🔲 NO 🔼
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	200. DESC	IRIBE HOW INJURY C	CCORKED	(cnier nai	ure of injury ii	n Poff I of Po	ri li ot item is j			
			nr 20d III	JURY OCCURRED	20- PLA	CE OF INI	URY (Home, fai	m 201 reta				451.4.3
MEDICAL	Hour o. m	19	While	Not while	Foct	ory, street,	office bldg., a	fc.) †	y or town)	(Ci	ounly)	(Slote)
¥	p. m	IA	ot worl	c ot work			<b>-</b> /^	26				
	21. I certify the	and the same of th				, 19.	~===! ; =~==	May 2				the deceased
	alive an	May 27	, 12_5	2, and that	t death	occurred	lat 6:00	Da. M., from	m the causes	and on the	e date	stated above
		est an	/1	4 4					ilreel, city or low			DATE SIGNED
	ACTUAL SIGNATURE	stella.	wae	beller	N	I.D	PRING	GROVE	STATE	HOSPIT	CAL	5-27-59
,	PHYSICIAN'S											
	NAME (Type) S	tella Wach	sler,	M. D.		C	aton svi	lle 2	Maryl	an d		
27	BURIAL, CREMATION		F	22c NAME OF CEM	AETERY OR	CREMATO	RY	22d LOCA	TION (City, town	, or county)		(State)
L	REMOVAL (Specify) Burial	5/29/59		Drui,d	Ridge	Cem.		Pil	kesville	, Md.		
23	SUNERAL DIRECTOR'S	SIGNADURE	nes	- THOIL	1-1	Sal	DATE J	UN 1		SISTRAR'S SIGI		
	/	7				17.	nice					



1/1	1		tems 18-21 Fi MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18							
io, de la	T	3		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. (15175)						
please ero 4 should be cremotion				ACC OF DEATH  COUNTY BALTIMORE  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Maryland b. COUNTY						
Page A	1 10			CITY OR TOWN (If autiside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If autiside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If autiside corporate limits, write RURAL and give nearest town)  Baltimone  V , +						
director files ir price		Χ	· ·	d. STREET ADDRESS.  d. STREET ADDRESS.  3111 Northway Drive  o. IS RESIDENCE ON A FARM? YES \( \sigma \) NO \( \sigma \)  NO \( \sigma \)						
ny de neral yaur sgistra			-	NAME OF DECEASED 1/19NCY First FEARL BILLUPS 4. DATE Month Day Year Type or print) 1/19NCY FEARL BILLUPS 0. May 30th 1959						
He fu			5. \$	The state of the s						
3 to the				temale white whomen or broken to teb. 24, 1899 60 yrs.						
and and be re			L °	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Housewife  Wississippi  12. CITIZEN OF WHAT COUNTRY?  Wississippi  13. BIRTHPLACE (State or foreign country)  Wississippi						
F . 6 =	(	1	33.	FATHER'S NAME						
_ N B N D .	o single generally general									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address										
Give				Mrs. Nancy Haynes, 29 Riverside Road, #2						
P. William				18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH						
Per Fee				PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Drowning. Found Drowned						
Executive French		1		429. 8 DUE 10						
8 in 1 in		~		Canditians, if any, which by gave rise to immediate course						
old lang				(a), stating the underlying DUE TO						
of cip			_	cause last. (c)						
ding s	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS									
e je je	Found Drowned									
INER: This the ward dical Exam e 3 should		12	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, form, for						
AMII ing th Medi Roge				2). I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that						
writin writin lief M No. Po				death resulted from; Natural causes . Accident ., Suicide ., Homicide ., Undetermined cause .						
CTO Section										
MEDI				ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER (						
cute the cert forwarded FUNERAL	moval.			EXAMINER'S PAUL F. GUERIN DEPUTY MEDICAL EXAMINER 5-31-59						
cute forw	S S		220	BURIAL, CREMATION, 22b. DATE THEREOF (State)						
5 5			00	Burial 16/3/59 Moreland Mem Park Baltimore, Maryland						
VS. A15ME(5	3]		23.							
5M 9/55				eonard J. Ruck 5305 Harford Road #14 DATE JUN 2 59 Chilling S. Thank						



		MARYLA	MD	STATE DEPARTA	MENT OF HEALT	H-BAL	TIMORE, 1	8		
,	CERTIFICATE OF DEATH  Reg. Dist. No. ()5									15176
	PLACE OF DEATH  a. COUNTY	Baltimor	•	MARYLAND	2. USUAL RESIDENCE (W. o. STATE	/here decease			e before on	
	RURAL and give neo	outside corporate limits, rest town;	write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  52  Catonsville					
	d. NAME OF HOSPITA OR INSTITUTION	S. Rolling			J. STREET ADDRESS S. Rolling Road C. IS RESIDENCE ON A FARM YES   NO					
3	. NAME OF DECEASED (Type or print)	R. Howard B	lane	Middle	Lost	4. DATE OF DEATH	Mon 5	lh	Doy 2	Yeor 19 <b>59</b>
5	. SEX		MARRI	D DIVORCED	B. DATE OF BIRTH		9. AGE (In years last birthday)			JNDER 24 HRS
i	Da. USUAL OCCUPATION	(Give kind of work do		KIND OF BUSINESS OR INDI	JSTRY 11 BIRTHPLACE (Stol	e or foreign o		12 CITIZ	ZEN OF W	HAT COUNTRY
	Retire	g life, even if retired)		10 TO	Baltimo		•	1	J.S.A	•
ľ	John R	Bland			14. MOTHER'S MAIDEN					
	S. WAS DECEASED EVER			SOCIAL SECURITY NO. 17.	INFORMANT	m. 4.444	Add	ess		
[					John R. Bland	d,II	Rolling	Road		
	PART I. DEATH	H [Enler only one coust H WAS CAUSED BY: MMEDIATE CAUSE (0)	e per lin	e for (o). (b). and (c).]	ng Eden	b-			INTERVA ONSET	L BETWEEN
	Conditions, if ony, which ) the way occasionation								2 years	
	gove rise to immediate couse (o), stating the under- lying couse lost  (c) Firlmann Filrosis  24000									ears
1401240										
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
14.000	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	20d IN While of work	Not while	LACE OF INJURY (Home, far actory, street, office bldg., et	m, 20f (City	or lown)	(Co	ounty)	(Stote)
	21. I certify that I attended the deceased from Hugust , 1957, to May 2, 1957, that I last saw the deceased alive on May 1 m., 19-7, and that death accurred at 6 30 AM, from the causes and on the date stated above.									
	ACTUAL SIGNATURE 104 Thylers 2 Forl - M.D. 1118 St. + aul St Baltinin 2 ne									
	PHYSICIAN'S NAME (Type)									
2	REMOVAL (Specify)	-4.4-4.4-4		22¢ NAME OF CEMETERY	_		TION (City, Iown, o		(	(State)
2	BUTTAL  B. FUNERAL DIRECTOR'S	5/5/59 SIGNATURE		Loudon Par		Ba BY REGIST	Itimore,	TRAR'S SIGN	VATURE	
2	7. 21. Mear	2 red Son	- 8	05 M. Cabrut	St-2 DATE	MAY 6	100.0	Lithun &		(



1	24	
CT	ATE	

FOR STATE

HEALTH DEPT.

necessary, please of charter. Page of portions. 

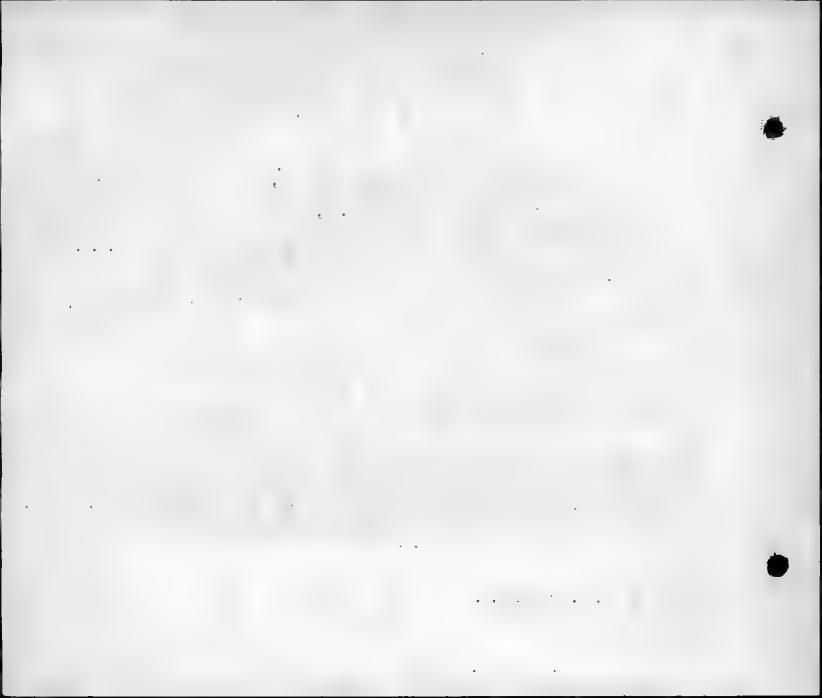
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne execute the consequence, withing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral at should be "aded to the Chief Medical Examiner's Office along with form PM3, Page 5 may be retained TO FUNERAL DIXECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boor its designated agent, prior to burial, cremation, or removal, and in any year with 72 hours after death.

VS ATSME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER

l'S	CERTIFICATE OF DEA	TH Reg. Dist. No. (1517
lio	2 USUAL RESIDENCE (Where deceased lived o. STATE Connecticut	If institution Residence before admission)

a. COUNTY Ballt	imore	2263	MARYLAND	A STATE	onnecticu	. L. COURTE	ion Residence befor	re odm ssion)			
b. CITY OR TOWN (II	autode corporate limits, with	te RURAL C.	LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Chas	Chase					Old Greenwich					
d. NAME OF HOSPITA	AL OR INSTITUTION	(If not in hospital,	, give street address)	d STREET ADD	PRESS			e. IS RESIDENCE ON A FARM?			
Rure	1			1	14 Crossbridge Road						
3 NAME OF DECEASED	Fi	rst	Middle	Lost	Jr. 4. DATE	Month	Doy	Year			
(Type or print)	LES	LIE	Greene	BOATRI		May	12,	1959			
5. SEX	4. COLOR OR RACE	7 MARRIED	NEVER MARRIED	B DATE OF BIRTH		9 AGE (n years	IF UNDER TYEAR	F UNDER 24 hPS			
M	W	WIDOWED [	DIVORCED 🗍	Oct. 27, 1	924	lent burthday) 34 yrs	Months Days	Hours Min			
10a, USUAL OCCUPATIO	N (Give kind of work a life, even if retired)	done 10b, KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(Stole or foreign	country)	12 CITIZEN OF	WHAT COUNTRY			
Chemi				Mi	ssouri		U.S.A	1			
13. FATHER'S NAME				14. MOTHER'S MA			_ <del></del>	-			
Leslie G.	Boatright			Ne	llie Walt	ter					
15. WAS DECEASED EV	ER IN U. S. ARMED FO			INFORMANT		Address		_			
no			Ca	umpbell-Lo	uis Fun'	L Home, Ma	rshall, M	lo.			
18. CAUSE OF DEAT	TH Enter only one co	use per line for (c	o), (b), and (c) ]		A STATE OF THE STA	Marie Ma.	TINTERVA	E SETWEEN			
PART I. DEAT	PART I. DEATH WAS CAUSED BY: MMMEDIATE CAUSE [6] Multiple extreme injuries										
1 86/X											
Conditions, if or	Conditions, if ony, which and										
	gave rise to immediate cause										
couse last.	10), storing the uncertying										
Z PART II. OTH	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY										
PART II. OTH  200. EXTERNAL CAL PRIMARY 25 or CON CAUSE OF DEATH.								PERFORMED?			
20g. EXTERNAL CAU	SE WAS _ 2	Ob DESCRIBE HO	W INJURY OCCURRED	(Enter noture of injury	r in Part I or Part I	t of item 18.3		- III			
	TRIBUTING []		Airplane c	_							
20c. TIME OF INJUI	Y Month, Day, Ye			ACE OF INJURY (How	e, form, 20/ (Cit	y or fown)	(County)	(Stote)			
\$ 5 to xxx	5/12 19	59 While of work	TAIN MAINER	ctory, street, off ce blo Air over 1		Chase	Balto.	Md.			
21. I certify th	at I took charge	of the rem	ains described ab	ove, held an A	utopsy X,	nspection [],	Inquiry .	and in my			
opinion death	opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner										
1	Don B.										
ACTUAL SIGNATURE	11100	aur	7	M.D. CHIEF MEDI	CAL EXAMINER	}	-1	DATE SIGNED			
					MEDICAL EXAMIN	ER 🔃	Stril				
EXAMINER'S NAME (Type)	M. B. Davi	s, M.D.		DEPUTY ME	DICAL EXAMINER	<b>D</b>	ALAIA	9			
270 BURIAL, CREMATIO REMOVAL (Specify)	N. 226 DATE THEREC	OF 22c.	NAME OF CEMETERY O	R CREMATORY	22d 1OC/	ATION (City, town, or	county)	(State)			
	5/14/59	2 1	Marshall Cer	netery	Ma	arshall. M	lissouri				
23. FUNERAL DIRECTOR	S SIGNATURE	7 - 6	ADDRESS		. REC'D BY REGIS		TRAN'S SIGNATURE				
William Coo	ok, Inc., I	217 St.	Paul Street	D/	ATEMAY 1 5 1	59 ar	hur S. Kraue				



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5203 CERTIFICATE OF DEATH

05178

Reg. Dist. No.

	1. PLACE OF DEATH g. COUNTY					2. USUAL RESIL	ENCE (Wh	ere decease			Jence before	odm ssic	on}
		ltimore		MARYI	AND	o. STATE	aryla	nd	b. COUN	TY Ca	rroll		
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	its, write	c. LENGTH OF STAY I	IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						V	
	Catons	2 4 4				Sy	kesv	ille			7'		
).	d. NAME OF HOSPITA OR INSTITUTION	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET A	DDRESS					, IS RESI	
,	OK INDITION OF	Ridgeway	Mar	or		Libe	rty L	ake I	rive			YES	
	3. NAME OF DECEASED	Fi		Middle		Losi		4. DATE	1	Month	Day	Y	tor
	(Type or print)	LOUISE	,	TERESA		BOPP		OF DEATH	N	lay	18	3	,59
	5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D   B	. DATE OF BIRTH			9 AGE (In ye	ors IF UND	ER 1 YEAR	F UNDER	24 HRS.
	Female	White	WIDOWE	DIVORCED	· 🗆   .	Aug. 22	, 188	34	lost birthdo	7) Month	3 Days	Hours	Min,
	10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OF	R INDUST	RY 11. BIRTHPL	CE (Stote	or foreign c	ountry)	12.	CITIZEN OF	WHAT	OUNTRY
	At home	ng me, even ii temed	1			Bal	timo	re A	Marylar	nd	USA	_	
	13. FATHER'S NAME					14 MOTHER'S					- 11-21		
	Ad	am Weltn	er				Unkn	own					
١	15. WAS DECEASED EVER	IN U. S ARMED FOR		SOCIAL SECURITY NO.		FORMANT				Address			
	No			None	Ma	argaret	A. B	opp-I	Liberty	Lake	Driv	re .	
	18. CAUSE OF DEA	TH [Enter only one co	use perulir	ne for (a), (b), and (c) ]	,	n'	7	. 0	/		INTER	VAL BET	WEEN
	PART I. DEAT	H WAS CAUSED BY. IMMEDIATE CAUSE (c	LE2	elral Ch	0110	elar C	Eccin	letit				TAND I	SEATH 2
	442X	DUE TO		7		11 1		· ·	1	17		7	
	Conditions, if or		Men	allegue	(.	L'all	ellel	01	rena	K			
	gove rise to immediate OUE TO / J. Course (a), stoling the under:							2	111	2010			
	tying couse lost. (c) 1/allule 401900							10	ye	41>			
	PART II OTH	ER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEA	TH BUT N	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION	GIVEN IN P	ART 1(o) 19	WAS A	UTOPSY
,	3											YES	
	PART II OTH  PART II OTH  200. ACCIDENT WA  CONTRIBUTING  U (IF EITHER, NOTIFY	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CURRED	. (Enter noture of	injury in P	ort I or Por	t II of item 18.}				
	Y 20c. TIME OF INJURY Hour a. m.	Month, Day, Ye	ar 20d. It While		20e. PLA	CE OF INJURY (I	lome, form, bldg., etc.	20f (City	r or town)		(County)		(Stole)
	¥ p. m.	19	of work	Not while				<u></u>					
	21. I certify the	at I attended the	decease	ed from APKI	12 -	1949	, to m.	MY/S	195	2that	I last say	w the c	eceased
	alive on_///	¥ 18	, 1 <u>9</u> Ú	and that	death	occurred at	11/0 6	_M, from	n the cause	/			
	NE	(p)	-	1. Hanta		PT			treet; city or to		/c		E SIGNED
A	ACTUAL SIGNATURE	Mak	6.6	RELECT	M	0.2601	Cleff	4661	11 1	Vill.	17-	5//	9/57
	PHYSICIAN'S						//						7
	NAME (Type)	Thomas E	. Wh	eeler. M.	D.	360	1 Cli	fmar	Road				~
	220. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREC	)F	22c NAME OF CEME	TERY OR	CREMATORY		22d LOCA	TION (City, tow	n, or county	r)	(State)	
	Burial	5/22/19	59 _	Holy Cro	ss C	emeter	У	Balt	imore		Mar	ylan	d
	23 EUNEROL DIRECTOR	STONATURE M	aco	ADDRESS				BY REGIST		the same of the sa	SIGNATURE		
	Ellsworth A	Armacost-	4600	Liberty H	ghts	.Ave.	DATE M	AY 2 2	29	Chilling	S. Thus	A.M.	



TO DIPUTY MIDICAL EXAMINER: This certificate should be executed within 21 hours after Leath. If any delay is necessary, please execute the certificuse, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be farwarded to Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DirectOR: Page 3 should be used as a buriab-transit permit. File pages 1 and 2 with the registrar prior. Burial, cremation, ar removal.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 II / Y Reg. Dist. No. 05179

1. PLACE OF DEATH O. COUNTY Baltimore  MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admit on STATE Rhode Island b. COUNTY								fore admission)				
	b. CITY OR TO and give near	WN pt autside corporate limits, wr set town) Chase	He RURAL	c. LENGTH	OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Warwick						
	d. NAME OF H	OSPITAL OR INSTITUTION	(If not in h	ospital, give str	reet address)	d. STREET	ADDRESS				. IS RESIDENCE	
		Rural					75 FI	Lagg Av	enue		YES NO	
	3. NAME OF DECEASED	F	irst		Middle	Lo	sf	4. DATE	Month	Day	Day Year	
	(Type or print)						HARD	OF DEATH	May	12	159	
	5. SEX									IFUNDER TYEAR	IF UNDER 24 HRS	
	MALE	WHITE	WIDOW	/ED 🔲 D	OVORCED []	Nov. 2	0,192	3 3!	yrı.	Months Days	Hours Min.	
	10a. USUAL OCCI	JPATION (Give kind of work working life, even if retired)	done 10b.	KIND OF BUS	INESS OR INDUS			or foreign cour d, Mas		U.S.	F WHAT COUNTRY	
)	13. FATHER'S NA	ME on R. Bouchs	ard			14. MOTHER'S		M. Rie	ley	-		
	15. WAS DECEAS (Yes, no, or unknown) Yes	ED EVER IN U. S. ARMED FO		6. SOCIAL SECI	URITY NO. 17. 8	NFORMANT Pry-Ho	ldrid	ge Fun	Address er l Jo:	me, Rio R	rston <sub>ån</sub> i	
		F DEATH (Enter only one of DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c	Mu		extreme	injurie	S			INTE ONS	PYAL RETWEEN ET AND DEATH	
	gave rise to	Conditions, if any, which gave rise to immediate [b]  (a), stating the underlying couse lost.  (b)  (c)										
	PART II  20g. EXTERNA PRIMARY 10 CAUSE OF D	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES 10 10 11										
		CAUSE WAS DE CONTRIBUTING DEATH.	Ob. DESCR		RY OCCURRED. (8		injury in Part	l or Part II of	(lem 18.)			
	20c. TIME OF				URRED 20e. PLA	CE OF INJURY	(Home, form	. 20f. (City or	fown)	(County)	(State)	
ç	5:15	p.m. 5/12 19	59 01	rile Nat v	ork X Air	over f			ase	Balto	Md.	
	21, 1 certi	fy that I took charg	e of the	remains d	lescribed abo	ve, held a	Autops)	/ 📆 , Insp	pection [],	Inquiry 🗌	, and find tha	
	death rest	ulted from: Natural	causes	Accid	ient 🔀, Sui	cide 🔲, 🗆	Homicide	, Und	etermined co	zuse 🔲.		
	ACTUAL SIGNATURE	1117	0 0	urs	<u> </u>	_M.D. CHIEF	MEDICAL EX	AMINER -		de	DATE SIGNED	
	EXAMINER'S NAME (Type	M. B. Da	vis					AL EXAMINER [	7	1/14/	19	
	220. BURIAL CRE	MATION, 226. DATE THERE PESITY) 5-14-59		St. An	of Cemetery or n's Ceme	crematory			ton, Rho	county) de Isla	(State)	
		Cook, Inc.,	1217	St.Pa		et		AY 1 5 '59	R 24b. REGIST	TRANS SIGNATU	RE	

VS. A15ME(5) 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 526% CERTIFICATE OF DEATH #0518n director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) fited a. COUNTY o. STATE b. COUNTY MARYLAND neral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å RURAL and give nearest lown) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T .5 3. NAME OF First 4. DATE Middle Month Year DECEASED (Type or print) DEATH 10 5. SEX 6. COLOR OR RACE 9 AGE (In years lost birthdoy) 7. MARRIED P NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours and camplet WIDOWED | DIVORCED 70a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 12. CITIZEN OF WHAT COUNTRY? off death. during most of working life, even if retired) HULSE WORK 13 FATHER'S NAME physician етоме WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17) INFORMANT Address attending p 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Custantaneous. IMMEDIATE CAUSE (o) DUE TO HAGCVI Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY IHome, form, Day, Year 20d INJURY OCCURRED 20f (City or lown) Not while (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While of work p. m. 21. I certify that I attended the deceased from "that I last saw the deceased 3 and that death occurred at\_\_ D. M. from the causes and on the date stated above DATE SIGNED ACTUAL SIGNATURE FUNERAL DIR shauld PHYSICIAN'S NAME (Type) m 220. SURIAL CREMATION. 22Ь. DATE THEREOF 22c. NAME OF CEMETERY OF TRANSCORY. 22d. LOCATION (City, town, or country) page (Stote) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24o. REC'D 8Y REGISTRAR VS A15 (4) ISM 10/57

within 24 hours ofter death. Page

requires that the death certificate



VS A15 (4) 15M 10/57

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(	M	)

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ESEC CERTIFICATE OF DEATH

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< P													
)[	BOTH	imore		MARY	AND	2 USUAL RESI 6. STATE Mary	DENCE (WI	tere decease	d lived. If institution b. COUNTY		a before	adm ssi	on)
1	b. CITY OR TOWN (II	autside carporate limi	ts, write	c LENGTH OF STAY I	N Ib			outside corpo	rale limits, write R	URAL and o	ve negres	it fowni	
	RURAL and give ne	Howard		104 Days			imore			7/.			V
ŀ		AL (If not in hospital, g	ive street			d. STREET	-			1/-	e.	IS RESI	
1	Vete	rans Admin	istra	tion Hospit	tal	501 V	Vest U	Jniver:	sity Parl	cwav		ON A	FARM?
Ī	. NAME OF	Fir	-	Middle		Le		4. DATE	Mon		Day		ear
	(Type or print)	CHARL	ES	A.		BRADY		OF DEATH	May		12		959
1	i. SEX	6. COLOR OR RACE	7 MARR	NEVER MARRIE		8. DATE OF BIRT	Н	1	9 AGE (In years lost birthday)	IF UNDER I			
	Male	White	WIDOWI	ED DIVORCE C	0	Septemb	per 4.	1894	Old yrs.	Months	Days F	lours	Min
Ţ	On USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OF	NDU					12. CITI:	ZEN OF	WHAT	COUNTRY
1	Salesman	ing life, even if retired	Au	tomobile Ag	genc	y Balti	more,	Mary	Land	U.	S.	A.	
Λī	3. FATHER'S NAME					14. MOTHER'S							
L	Charles H.	Brady				Etta C	Neil						
Ī	S. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. (	NFORMANT			Addi	ress			
	Yes on or unknown)	WW I			Cl	in.Rec.	Vet.A	dm. Hos	spital, Ft	. Howa	rd,Ma	ary]	land
			use per li	ne far (a), (b), and (c) ]							INTERV	AL BET	WEEN
	PART I DEATH WAS CAUSED BY. LAENNEC'S CIRRHOSIS OF LIVER										OKOLI.	YEA	35"
1	/	XXXXX											
1	Conditions, if on		MUI	TIPLE ABSCI	ESSE	S OF KI	DNEYS				2 1	WEE!	KS
1	gave rise to immediate cause (a), stating the under.												
	Iying couse lost.   (c)												
	PART II OTH				TH BUT	NOT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION GIV	EN IN PART	1(a) 19	WAS A	UTOPSY MED?
	GENERAL	IZED ARTER											NO 🗍
	THER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	). (Enter nature a	of injury in f	Part E or Part	II of item 18)				
	20c. TIME OF INJURY	Month, Day, Yes	While	Not while	20e. PL/ foc	CE OF INJURY ( tory, street, office	Home, form e bldg., etc.	20f. (City	or town)	{Co	runty)		(State)
1	p, m,	77.1		k at work									
	21. I certify the	at Kattended the	decease	ed from Janua	TA.	3, 1959	, to Ma	y12	12.59		6000	COO	69 65
Н	########	<del></del>	<u> </u>	XXXXX and that	death	accurred at	11:35	PM, from	the causes a	ind an the	e date	state	d abave.
	ACTUAL	UMMLA	-0,	er		***			reel, city or town,			DAI	TE SIGNED
	BOSATORE					W.DVAH	FORT	HOWAR	D, MARYL	AND		5/1	3/59
	PHYSICIAN'S NAME (Type)	WW5C	410	15 M.	<u>S</u>	Dire	ector,	Prof	essional.	Servi	Ces		
2	20. BURIAL, CREMATION _REMOVAL (Specify)			22c NAME OF CEME	TERY O	CREMATORY			ION (City, town, o			(Slote)	,
-	Burial	5-15-	27	Baltimore	Nat	cional C	-m		imore, M				
	FUNERAL DIRECTOR'S			ADDRESS			24a. REC'I	D BY REGIST		TRAR'S SIGN	NATURE		
	Jm.Cook-Bli	ght, Inc. 6	009 F	larford Rd.	,Bal	to.Md.	DATMAY	1 8 '59	a d	mg 8 #	-		



VS A15 (4) 15M 10/57

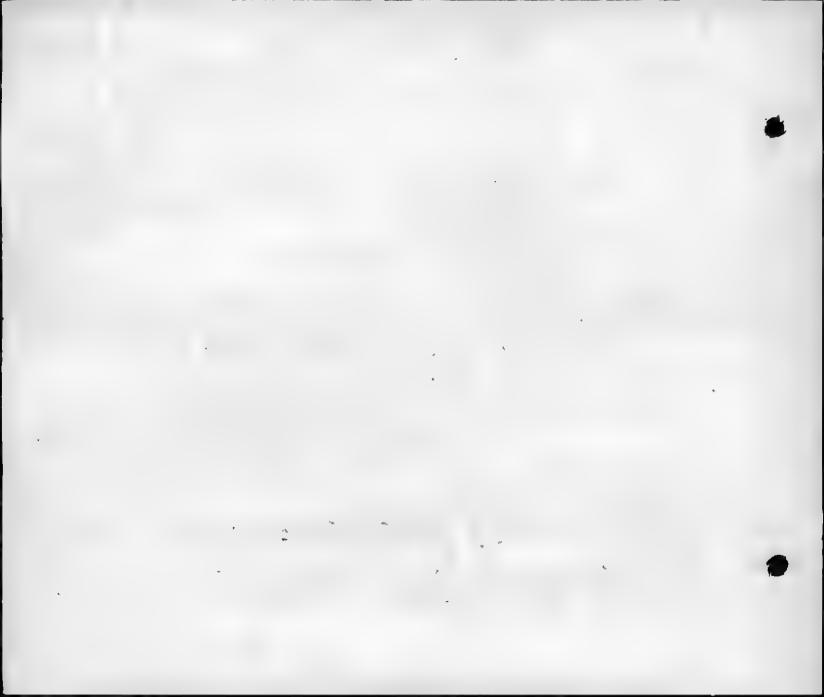
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5207 CERTIFICATE OF DEATH

Reg.		- /	15	1	Ca	
Reg.	Dist.	No.U	U	J.	02	

			Key. Dist. 140. 110 2 0 2
		Dallim ocal MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE b. COUNTY  County
	ı	b. CITY OF TOWN (If outside corporate limits, write RURAY and give negrest lown)	c. CITY OR TOWN-(If outside corporate fimils, write RURAL and give nearest town)
		d NAME OF MOSPITAL (If not in hospital, give street address) OR INSTITUTION	STREET ADDRESS TO REGESTER ANG VES NO NA FARM? YES NO NO
		NAME OF DECEASED (Type or print) EMILY HELEN DREA	PLEY DEATH May 19 1959
	S. 5	SEX   6. COLOGY OR RACE   7. MARRIED   NEVER MARRIED   8. WIDOWED   DIVORCED   7. MARRIED   1. SEX	DATE OF BINTH  9 AGE (In yours   IF UNDER I YEAR IF UNDER 24 HRS
	100	OD USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY dyring most of working life, even if retired)	12 CITIZEN OF WHAT COUNTRY?
	13.	Henry & Dickel	Mangaret Mc Grider
)	1\$. {Yes	S WAS DECEASEDEVER IN U. S. ARMED FORCES? Yes. no or interconn? (It yes, give wor or dates of service)	ene B Parker Same
,a		18. CAUSE OF DEATH {Enter only one couse per fee for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Canditions, if any, which gave rise to immediate cause (o), stating the under-lying cause last.  (c)	r Cardio Vasculas Ursias Interval Between ONSET AND DEATH
)	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  YES NO
			(Enler nature of injury in Part 1 or Part II of item 18 )
	MEDICAL	Coc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  19 White Not white of work of work	E OF INJURY (Home, form, 20f. {City or town} (County) (State) ry, street, office bidg, etc.)
,		21. I certify that I attended the deceased fram alive on May 9 and that death of ACTUAL SIGNATURE SUSPECE C. FOST	D. 6805 Joseph La, state) 5/19/19  Ballsinors 12 mg
	1	20. BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR C. PEMOVAL (Specify) May 2//39 Southeran M	Emoria Park Mami Fla
	23.	TEMPLE ADDRESS SIGNATURE ADDRESS ADDRESS YOU	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE CITIAN A. Thank



VS. A15ME(5) SM 9/55

		ı	
	icil in Item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be		iol-transit permit. File pages 1 and 2 with the registrar price to buriat cremation.
16	Page	,	buriol
	ğ		Dr. California
5000	eral dr	our file	istror 1
	the fun	d for y	the reg
	13 to 1	etainec	* with
	2, onc	ny be r	puo
	ages 1,	e 5 mo	podes
	Give Po	3. Pag	E .
	18.	rn P.M.	permit
	in Iten	ng with farm PM3. Page 5 may be retained far yaur file.	fransit
1	Ē	)g	io

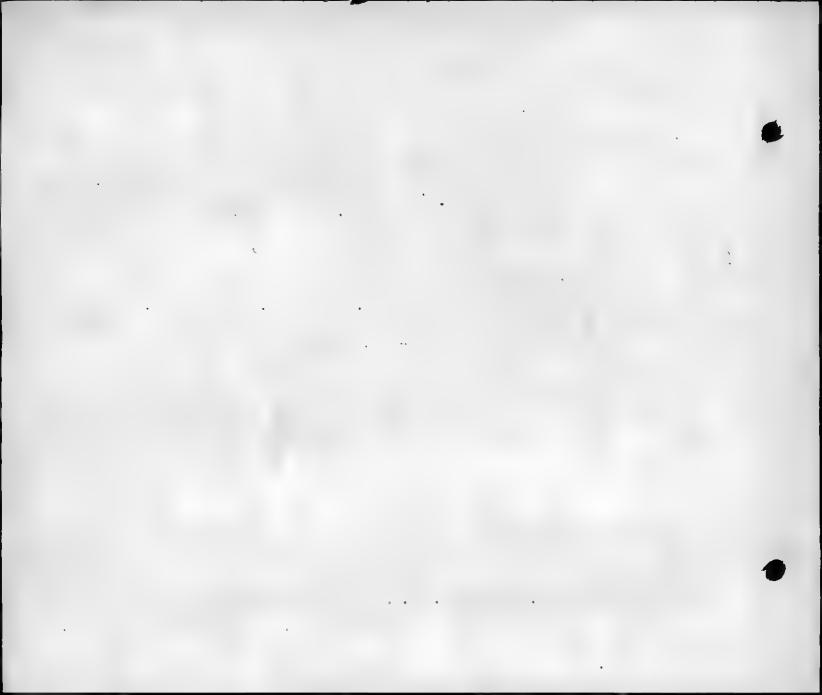
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05183

Reg. Dist. No.

I. PLACE OF DEATH		5269		2. USUAL RESIDEN	ICE (Where o	Secoused live		n: Residence	before admission)
Balt	imore	4 10 0 0	MARYLAND	o. STATE Mar	yland		b. COUNTY	Baltin	nore
b. CITY OR TOWN (If our and give neares) town)	Iside corporate limits, write RU	RAL C. LENG	OTH OF STAY IN 16	c. CITY OR TOY	VN (IF outsid	e corporate	limits, write RU	IRAL and giv	e nearest town)
	Baltimore	2		X Baltimore					
d. NAME OF HOSPITAL	OR INSTITUTION (IF n	ot in hospital, give	street address)	d. STREET ADDR	ESS				. IS RESIDENCE
9113	Hines Road			911	3 Hine	s Roa	d		ON A FARM?
3. NAME OF DECEASED	First		Middle	Lost	4. D4	TE	Month	D	ray Year
(Type or print)	WALTE		WILMER	BREWE		ATH	May	25	1959
5. SEX	6. COLOR OR RACE 7.	MARRIED   N	EVER MARRIED   B	. DATE OF BIRTH		9. AG	E (in years   If	UNDER TYE	
Male	White w	IDOWED []	DIVORCED	Aug.	19	07	57 yrs. N	lonths Day	s Hours Min.
10a. USUAL OCCUPATION during most of working	(Give kind of work don	e 10b. KIND OF 8	SUSINESS OR INDUST	RY 11. BIRTHPLACE	(State or for	eign country)		12. CITIZEN	OF WHAT COUNTRY
Reture	/	Labor	rer	Balti	more.	Mary	land		USA
13. FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME	0			
Willie	an E. Breu	ver		(harlo	tte 9	ilder	rtenne	4	
15. WAS DECEASED EVER	IN U. S. ARMED FORCE			NFORMANT	1 1	0	Address	9	
			1/1	r. Josepi	hH.	Brewe	er, Ir		same
18. CAUSE OF DEATH	Enter only one couse	per line for (a), (b	), and (c).]					10	NTERVAL BETWEEN
PART 1. DEATH	WAS CAUSED BY:	assive g	astro-inte	stinal he	morrha	ige			THE PLANTS
541.0			ulcer of						
Conditions, if any,									
gave rise to immedia (a), stating the uni									
couse lost.	(c)								Partial
PART II. OTHER	SIGNIFICANT CONDITI	ONS CONTRIBUTI	NG TO DEATH BUT N	NOT RELATED TO THE	TERMINALD	SEASE CON	DITION GIVEN	IN PART 1(a	19. WAS AUTOPSY
15									YES NO
PART II. OTHER  OF THE PART II. OTHER  O	WAS 206. C	DESCRIBE HOW IN	UURY OCCURRED. (E	nter noture of injury i	in Part I or P	art II of item	18.)		
20c. TIME OF INJURY	Month, Day, Year	20d. INJURY O	foot	CE OF INJURY (Home ary, street, office bldg	form, 20f	. {City or tax	m)	(County)	(State)
Hour e. m.	19		work	•	rtiel				
21. I certify tha	t I took charge at	the remains	described aba			, Inspec	tian 🔲,	Inquiry [	, and find the
death resulted fr	ram: Natural car	uses X, Acc	cident 🔲, Sui	cide 🔲 , Hami	cide [],	Undete	rmined cau	ıse 🔲.	
	11/2	77							
ACTUAL SIGNATURE	Willes In	bull		M.D. CHIEF MEDIC	CAL EXAMINI	ER 🗍			DATE SIGNED
PW A AMARINA	1	, 0		ASSISTANT N	EDICAL EXA	MINER 📆			5/26/59
NAME (Type) W	illiam V. L	ovitt, J	r., M.D.	DEPUTY MED	ICAL EXAMI	NER 🗌			
220. BURIAL, CREMATION, BEMOYAL (Specify)	226. DATE THEREOF	- 73 /	E OF CEMETERY OR				City, town, or o	county)	/(Style)
Burial	5/28/59	Neu	<u></u>	tral (en	7.	Dalt	imore		Md.
23. FUNERAL DIRECTOR'S	0 *		RESS		REC'D BY R		24b. REGISTR		
Leanard y.	Ruck 530	15 Harte	ord Road	#74 DA1	MAY 2	o '59	Cuth	41 8. th	and_



EALTH DEPT.

files. Health,

deloy is n e funeral retained e State B.

Poge 1

18. G

Items 8 & 9. Film G-243 6/1/59.cac.

2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

o. COUNTY	
	TOWN (it suitade corporate to recreat fown)

Middle

MARYLANO c LENGTH OF STAY IN 16

6. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town)

	A	t]	.aı	'n	ta
_	_		-	_	

d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

eils we to BURAL

Rural First d STREET ADDRESS

2121 McKinley Rd., N.W.

Mrs. Nell W. Brophy - 2121 McKinley hd., N.

e IS RESIDENCE ON A FARM YES TO NO TO

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES TO

DATE SIGNED

NO F

(Stote)

Md.

	DECEASED	
	(Type or print)	
5.	SEX	_

3 NAME OF

Robert T. ea

BROPHY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B DATE OF BIRTH 7 804 OF 9 AGE (In years

1959 May IF UNDER TYEAR IF UNDER 24 HRS

male 10a, USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY

WIDOWED [ white

DIVORCED [

11 BIRTHPLACE (State or foreign country)

fort birthdays Months Days Hours 12. CITIZEN OF WHAT COUNTRY?

Address Atlanta, Ga.

during most of working life, even if retired) Manufacturer Owner 13. FATHER'S NAME

Textile Georgia

14. MOTHER'S MAIDEN NAME

J. M. Brophy

Martha Wilcox

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT

World War 1 255-03-**21**64

PART I. DEATH WAS CAUSED BY:

couse last.

200. EXTERNAL CAUSE WAS PRIMARY 2 or CONTRIBUTING CAUSE OF DEATH.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).

IMMEDIATE CAUSE (o)

Multiple extreme injuries

DUF TO

Conditions, if any, which ] gave rise to immediate cause (a), stating the underlying

Month, Doy, Year

**DUE TO** 

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of 'njury in Port I or Part II of Item 18.)

Airplane crash 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town)

al work at work

factory, street, office bldg , etc ) Air over farm

Chase

Balto.

(County)

Inquiry |

Hamicide , Undetermined manner

Ga.

2). I certify that I tank charge of the remains described above, held an Autapsy (X). Inspection (1).

**ACTUAL** 

SIGNATURE

**EXAMINER'S** 

NAME (Type)

20+. TIME OF INJURY

apinion death resulted from: Natural causes . Accident 🔼

CHIEF MEDICAL EXAMINER

Suicide .

ASSISTANT MEDICAL EXAMINER [ DEPUTY MEDICAL EXAMINER

22d LOCATION (City, lewn, or county) Rhine.

(State)

Pemoval FUNERAL DIRECTOR'S SIGNATURE

220. BLRIAL CREMATION, 225, DATE THEREOF REMOVAL (Specify)

M. B. Davis

22c NAME OF CEMETERY OF CREMATORY Bay Spring / ADDRESS

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

5M 2/57

VS AISME



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ofter death.

requires that the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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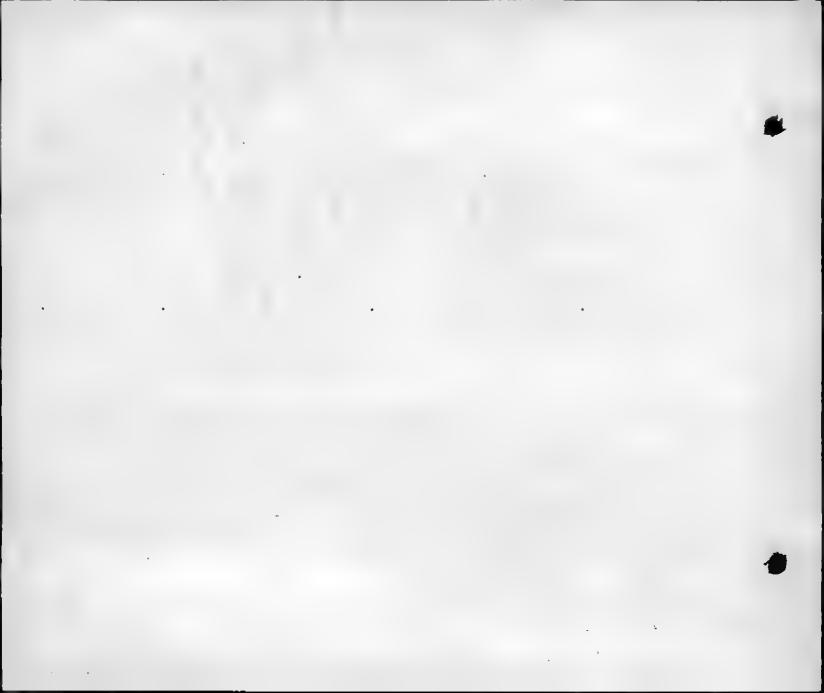
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 115187 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Items 8 & 9. Film G-243 5/26,59 Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) a COUNTY Page **6 COUNTY** Heolih, MARYLAND Baltimore Marvland Raltimore b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b. c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) 当古州 and give nearest fown) Resex Middle River d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e, 15 RESIDENCE ON A FARM? YES NO Martin Co., Plant 2, Paint Hanger 28 Avenal Rd. 40 NAME OF Middle 4. DATE Yeor DECEASED OF (Type or print) CHARLES O. BUCHANAN DEATH 19 May 20, 1959 5. SEX 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 1916 9. AGE (in years IFUNDER TYEAR IF UNDER 24 HRS Months | Days Hours Min WIDOWED [7] DIVORCED [T Male White 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. C TIZEN OF WHAT COUNTRY? Aircraft U.S.A. Painter W. Va. poges 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in Item, 18. Give Pages te along with form PM3. L. Buchanan Urie Connolly Emma. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) Otis Buchanan 827 Dorsey Ave. 234-16-9961 18. CAUSE OF DEATH [Enter only one couse per ne for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) pencil in 1 DUE TO Conditions, if any, which gove rise to immediate couse DUE TO (o), stoling the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/04/19. WAS AUTOPSY PERFORMED? YES FT NO D 200. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING CAUSE OF DEATH. 20th DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item 1) PLACE OF INJURY/Home, farm. 20f (City or tofm) 20d. INJURY OCCURRED Month, Day, Year - MANUTIN of work of work 21. I certify that I took charge of the remains described obave, beld an Autopsy ... Inspection Inquiry and in n v Suicide . Hamicide . Undetermined manner opinion death resulted from: Noturo) couses . Accident 47, DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER [7] SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER D should FUNER NAME (Type) 220. BURIAL, CREMATION 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fawn, or county) 226 DATE THEREOF (State) Baltimore, lad. 23, 1959 Oak Lawn Cemetery 7 O **ADDRESS** 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR VS ATSME Chilling & thous DMAY 2 5 '59 James Bruzdzinski 1407 Eastern Ave BM 2757



5213 CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Filed a. STATE! **b.** COUNTY MARYLAND era death b. CITY OR TOWN (If outside carporate limits, write þe c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and dive nearest town) Ď d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES I NO I NAME OF First Middle DATE Year DECEASED OF DEATH (Type or print) 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (in years last\_birthdoy) Months Days Hours WIDOWED F DIVORCED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote of foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician remaye IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address tending | 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH Juldan DUE TO Canditions, if any, which ? gave rise to immediate **DUE TO** cause (a), sloting the underlying couse lost. PAST II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTOPSY PERFORMED? YES NO A 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour s. m. factory, street, office bldg., etc.) While Nat while at work at wark 21. I certify that I attended the deceased from 7. that I last saw the deceased alive on and that death occurred at. M, from the causes and on the date stated above. ACTUAL SIGNATURE ine Did PHYSICIAN'S Milton B. Kirsh. M. D. NAME (Type) FUNER. 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOEATION (City, town, or county) abod (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24s. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





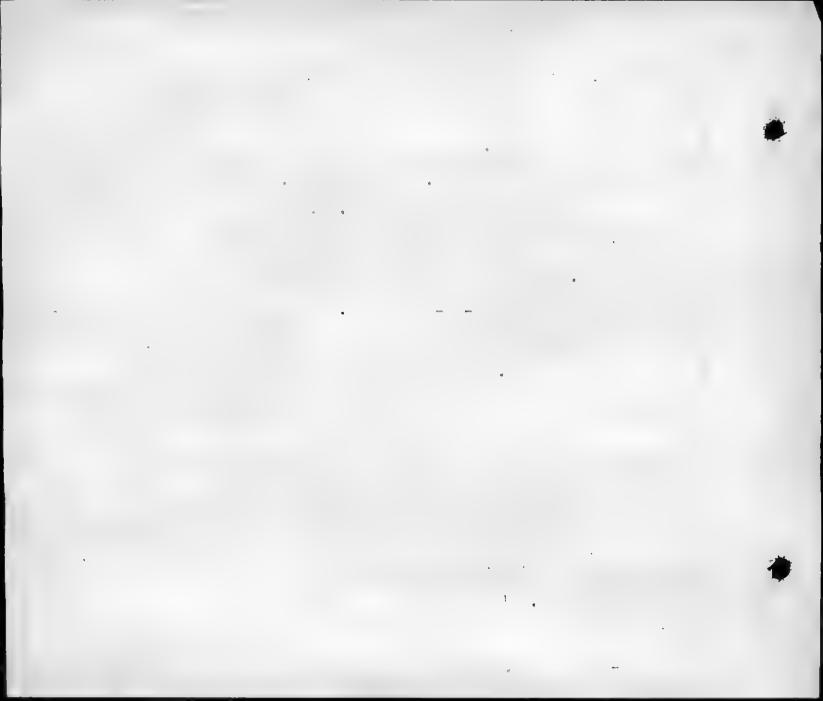
## FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the commode, writing the ward "pending" in pending in liem, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be commoded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to bur files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Ball, of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event-within 72 hours after death

VS A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. (15190

)					r const				
	Baltimore	0215	o STATE Maryle	ere deceased lived If institution; Res	idence before odmission)				
	b. CITY OR TOWN (1 duts de carporate hents write &U and give heacest town)  Towson	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)  TOWSON						
	d. NAME OF HOSPITAL OR INSTITUTION (IF N		d STREET ADDRESS		e IS RESIDENCE ON A FARM?				
	1006 Overbrook	Rd.	1006	Overbrook Rd.	YESNO X				
	3. NAME OF First	Middle		DATE Month	Day Year				
	(Type or print) KENNETH		RNHAM, SR.	DEATH MELY II, 197	19				
	Male White w		ct. 1,1897	61 yrs. Manths	ER TYEAR IF UNDER 24 HRS Doys Hours Min.				
	10a, USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)			r Fareign country) 12 C	ITIZEN OF WHAT COUNTRY?				
	Electrician	B&O Railroad	Maryland		USA				
١	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA						
1	William D. Burnh		Annie Ke.						
	15 WAS DECEASED EVER IN U. S. ARMED FORCE [Yes, no. or unknown]   (If yes, give wor or dote) of servi	100)	FORMANT	Address					
	yes   WWL		rs. Anne Ke	elly-1006 Overb					
	18. CAUSE OF DEATH [Enter only one couse   PART I. DEATH WAS CAUSED BY:	per line for (a), (b), and (c) ]	4410 (D)	1 - 0	ONSET AND DEATH				
	442X IMMEDIATE CAUSE (0)								
	DUE TO	DUE TO							
	gove rise to immediate couse	gove rise to immediate couse							
	(0), stoting the underlying DUE TO couse last. (c) / Uca and a Dec 74/								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 PARS AUTOPSY PERFORMED?  20a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 11 of Florm 18.)  CAUSE OF DEATH.								
	PRIMARY D of CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCURRED (En	der noture of injury in Part t	or Part It of item 18.)	The state of the s				
	O 20c. TIME OF INJURY Month, Day, Year Hour a. m. 19		E OF INJURY (Home, form, ry, street, office bldg, etc.)	20f. (City or town) (C	County) (State)				
	Hour o. m.	White Not white 100101	, , sites, etiler along , area,						
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my								
	opinion death resulted from. Notural course [4. Accident [7. Suicide [7. Homicide [7. Undetermined monner [7. Accident [7.								
	ACTUAL OF THE SIGNED								
,	ACTUAL SIGNATURE	-/MOUNT	TO CHIEF MEDICAL EXAL		5/1/				
,	EXAMINER'S Charles F.	O'Donnell	ASSISTANT MEDICAL DEPUTY MEDICAL EX	1	14/19				
	720. BURIAL, CREMATION 226. DATE THEREOF	22c. NAME OF CEMETERY OR C		72d LOCATION (City, lown, or county	) (State)				
	Burial   5/14/59	Prospect Hi		Towson, Marylar					
	Wm Cook-Towson. The	ADDRESS		BY REGISTRAR 246 REGISTRAR'S S					
	I WALL COOK-TOWSON, Inc	Tourson L Many	Tond house	4 150 0 11 0	de A				



		E043	ND STATE DEPARTM	MARCHY DE LIBER	7 60	KE, 18	051	91
KIN		97136	CERTIFICA	TE OF DEATH		Reg. Dis		1
	1.	PLACE OF DEATH o. COUNTY Balto.	MARYLAND	2. USUAL RESIDENCE (W) g. SYATE	ere deceased lived. If	institution: Resident OUNTY B	alto.	on)
		b. CITY OR TOWN (If outside corporate limits, wir RURAL and give nearest town)	rite c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF o		write RURAL and g	give neorest tawn)	
V	H	Catonsville  d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	treet address)	d. STREET ADDRESS	sville	<del></del>	e. IS RESIL	DENCE
X	<u> </u>	1515 Edmondson Ave. "	Residence"	1515	dmondson	ve.	YES A	
	3.	NAME OF First DECEASED (Type or print) PHILIP	Middle H.S.	Lost CAKE	4. DATE OF DEATH	Month May	,	eor 9 5
	5.	Mala Landstan	MARRIED NEVER MARRIED DOWED DIVORCED	Feb. 21, 18	O P AGE (I	hdoy) yrs.	1 YEAR IF UNDER Doys Hours	Min.
		USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Rtd. Operator FATHER'S NAME	10b. KIND OF BUSINESS OR INDUS Hotel	TRY 11. BIRTHPLACE (Stoke Pennsylv	unia Known		S = A =	COUNT
	13.	Jacob F. Cake			e Letitia	Millom		
		WAS DECEASED EVER IN U. S ARMED FORCES?		IFORMANT		Address		
	-	IB CAUSE OF DEATH [Enter only one couse p		lr. Lawrence	Cake-1001 (	Com. Ave	INTERVAL BET	4
		PART 1. DEATH WAS CAUSED BY:	Corona, Il	unbisi			ONSET AND	
		DUE TO	O. L.	i a	time sel	,	h* 0	
		Conditions, if any, which   (b)	Coracia	Went 6 C	thus tel	1 hay	3 42	رب
		lying couse last. (c)	V					
<b>(1)</b>	ATION	PART 11. OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITI	ON GIVEN IN PART	1(o) 19, WAS APERFOR	UTOPS MED?
	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II  200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  201 PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II  202 PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II  203 PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II  204 PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II  205 PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II  206 PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II  207 PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II  208 PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II  209 PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II  200 PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II  200 PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN II  201 PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN II  202 PART 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN II  203 PART 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN II  204 PART 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN II  205 PART 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN II  206 PART 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN II  207 PART 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN II  208 PART 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN II  208 PART 11. OTHER SIGNIFICANT CONTRIBUTION GIVEN II  208 PART 11. OTHER SIGNIFICAN							NO
	MEDICAL	Haur o.m. W	Od INJURY OCCURRED 20e. PLA /hile Not while foci	CE OF INJURY (Home, form lary, street, office bldg., etc.	20f (City or town)	(C	ounty)	(Stot
		21. I certify that I attended the dec	eased from 3/).i	1954, 10	A	19 <u>-57</u> ,that 1 l		
		and a	-63					4 4
		alive an1	12.57, and that death	occurred at 3	M, from the co	uses and an th r town, statel		
		and a	1237 and that death	occurred at 37	M, fram the ca DDRESS (Street, city a 5 Zd V	uses and an the rown, state)		
/		actual Court Co	ATLIFF, JR.	A.D. 4/60	2M, fram the ca LODRESS (Street, city a  5 Zd V	r fown, state]		
/	220	actual Court Co	wit &	A.D. VG C	LTIMER 22d LOCATION (City,	town, state)  E 29  town, or county)	DATE OF STATE OF STAT	re sign
,		Olive on	ATLIFF, J. R.	A.D. V C C	LTIMER 22d LOCATION (City,	town, state)  29  town, or county) City, Md	DATURE	re sig



FOR STATE HEALTH DEPT.

State of Health, Poge of Health, Poge

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

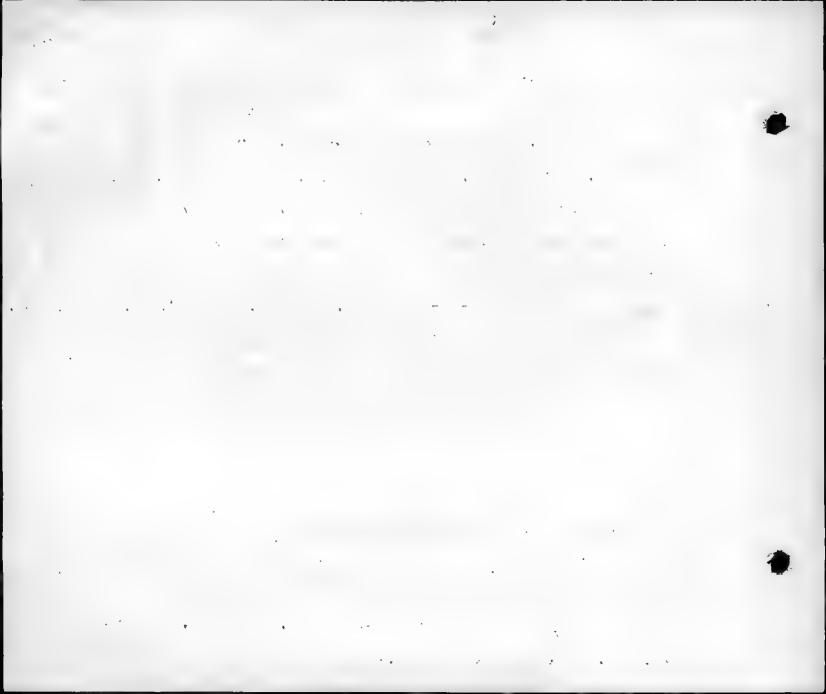
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	141	LDICAL	MAMILLER	J CERTI	ICAIL OF	DLAIII	Reg. Dist. No	00102
PLACE OF DEATH COUNTY Balti	imore	5217	MARYLAN		IDENCE (Where decoded	osed lived If instill b. COUN		imore
ond give nearest town	f suliide corporale l'mits, en na Green	re RURAL C. LE	ENGTH OF STAY IN 1	11	town (If autside co		RURAL and give i	nearest town)
d. NAME OF HOSPIT	y Valley	Road, G.	lenarm P	d STREET			,Glenar	S REJIDENKE
3. NAME OF DECEASED (Type or print)		Campofr	Middle eda	Las	4 DATE OF DEATH	May 2		Year 59
5. SEX	6. COLOR OR RACE	7. MARRIED W	NEVER MARRIED	Jan. 14,	1914	9 AGE (In years lent berghdoy) 45 yrs.	IF UNDER TYEAR Months Doys	IF UNDER 24 HRS
	ON (Give kind of working life, even if retired)		OF BUSINESS OR INDI	1	CE (Stote or foreign	country)	12 CITIZEN O	USA
13. FATHER'S NAME	y Campof			t e	MAIDEN NAME or Pietr	unti	•	*
15. WAS DECEASED EV		213-	18-0527	Mrs. Ell	en T. Ca	mpofred	a-Dulan	ey Va. Ro
Cenditions, if a gave rise to imme (a), stoling the cause fost.	diale cause underlying DUE TO	b)				SE CONDITION G		nstant.
PART II. OTI	USE WAS NTRIBUTING []	20b. DESCRIBE HOW	/ INJURY OCCURRED	(Enter nature of in	jury in Part f or Part I	it of item 18 }	1	PERFORMED? YES NO TO
20c. TIME OF INJU Hour o. m. p. m.		While	Not while	PLACE OF INJURY (I foctory, street, office	iome, form, 20f. (Cribidg., etc.)	ty or tawn]	(County)	(Stale)
	hat I taak charg resulted from:					Inspection 🔀 e 🔲, Undet	, Inquiry [	, and in my
ACTUAL SIGNATURE	1).	Fra	me	M.D. CHIEF M	EDICAL EXAMINER			DATE SIGNED
EXAMINER'S NAME (Type)	A.M.Fran	ce _			MEDICAL EXAMINER		5/23/	59 _
220. BURIAL, CREMAT C REMOVAL (Sperify Burial 23 FUNERAL DIRECTOR	May 2 6	1959 H	OLY Rede				or county) Balto.	
	lowson, In			son, Md.			Inthus & the	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after dooth. If any delay is rexecute the case, writing the word "pending" in pendit in Item. 18. Give Pages 1, 2, and 3 to the funeral 4 should be rede to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained. TO FUNERAL LITTOR: Page 3 should be used as a busial-transit permit, file pages 1 and 2 with the State 8 or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. execute the 4 should be TO FUNERAL VS ATSME BM 2/S7

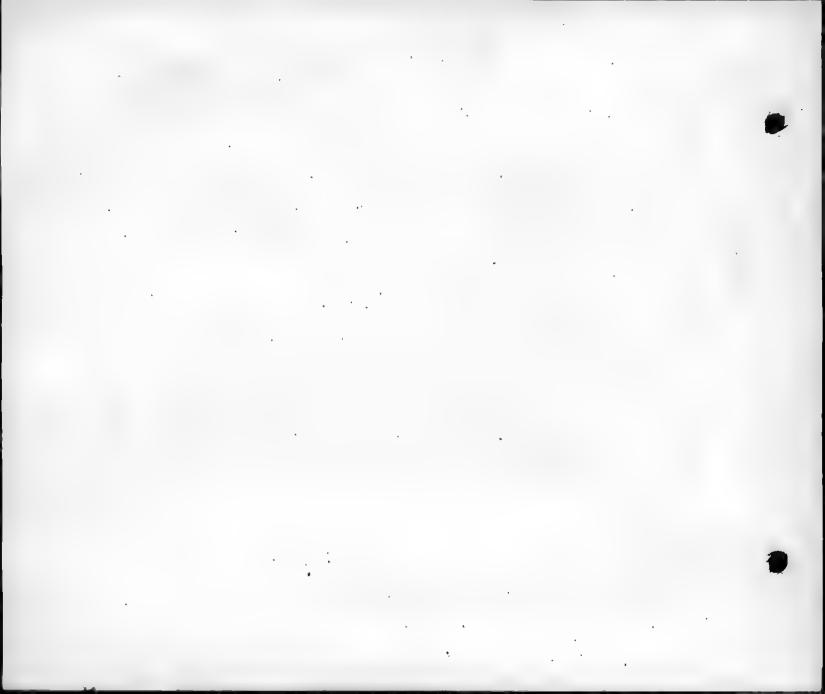
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5219 **CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b** COUNTY MARYLAND b. CITY OR TOWN (If outside corparate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest towns d. NAME OF HOSPITAL (If not in hospital, give street address) e IS RESIDENCE OR INSTITUTION ON A FARM? YES AND A NAME OF Middle 4. DATE Manth DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE 9. AGE (In years last birthday) FUNDER TYPARTE LINDER 24 HRS Months DIVORCED [ WIDOWED [ TOO. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if religid) 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which ! gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19. WAS AUTOPSY PERFORMED? YES NO DY 20a ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. m. While Nat while al work at work 21. I certify that I attended the deceased fram..... \_\_\_\_\_, 1222\_\_\_,that I last saw the deceased and that death accurred at 6 /M, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR 3 should PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, Jown, or county) MOVAL (Specify) 23 EUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS A15 (4) · Orthung & House DATE MAY 15M 10/57





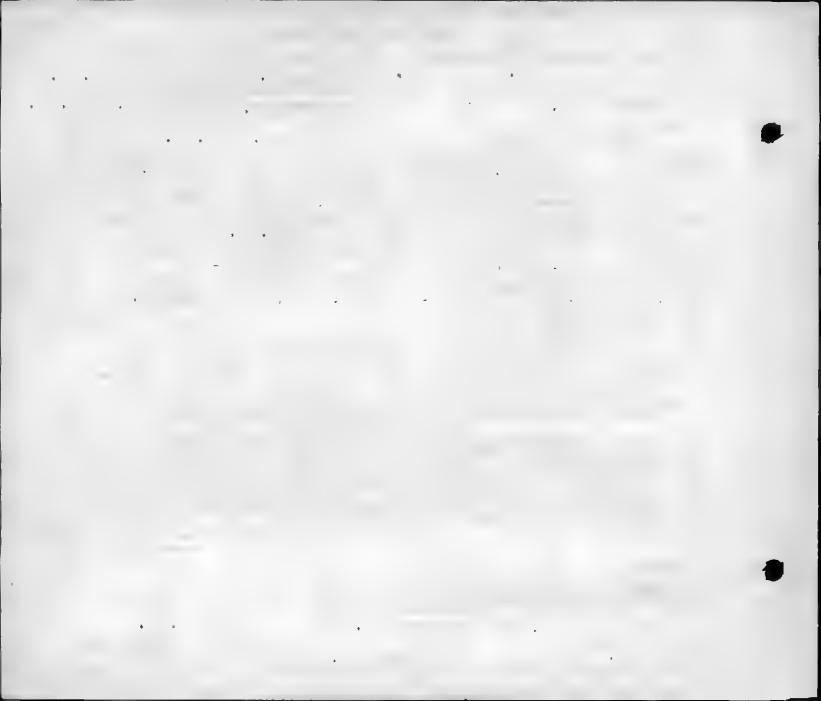
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05196 Reg. Dist. No

	77.3	A A A A A A A A A A A A A A A A A A A						
1. PLACE OF DEAT 0. COUNTY	H Paradise Nu Baltimore Co		ARYLAND 3 17	Poplar F	here deceased lived b	COUNTY	Balto. C	
b. CITY OR TOV RURAL ond gi	/N (II autside carporale limits, ve neacest town) SVIIIe Md.	write c. LENGTH OF S	TAY IN 16 5/9.	ITY OR TOWN (IF	outside corporate lim	ils, write RURAL on	d give nearest tax	vn)
d NAME OF HO	OSPITAL (If not in hospital, gived is a Nursing	e street oddress) Home	d	STREET ADDRESS	Rd. Balto		e. IS RI ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Mabel First	A. (Corson	ddle Ca	r Son	4. DATE / OF DEATH	July /36, 1	897 Day	Yeor 19 59
5. SEX Fomal	1875-4-4-m	MARRIED NEVER MA	RCED 8. DATE	of 8:RTH y 5,1959	9. AGE 1031 30.1891.67	(Intyeors IF UND Month	ER I YEAR IF UNI	
10a. USUAL OCCUP during most of	ATION (Give kind of work do working life even if retired)	ne 106, KIND OF BUSINES	S OR INDUSTRY 11.		or fareign country) O. Md.	12	CITIZEN OF WHA	T COUNTRY?
13. FATHER'S NAME	_	280E	14 M	OTHER'S MAIDEN	yn			
15. WAS DECEASED (Yes, no or unknown)	EVER IN U. S. ARMED FORCE				208 Holly	Neck Rd.	21	
	DEATH [Enter only one coust DEATH WAS CAUSED BY: IMMEDIATE CAUSE [0]		ora ( Ves	cular	Accider	nts	INTERVAL E	
Conditions,	DUE TO	Mu	1+p/2.	Ď				
	o immediate but TO ost. (c)	4				A		
PART II  200. ACCIDENT OR CONTRIBUT IIF EITHER, NO	OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO THE TERM	AINAL DISEASE COND	ITION GIVEN IN P	PERF	AUTOPSY ORMED?
	WAS UNDERLYING 21 TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	06 DESCRIBE HOW INJUR	Y OCCURRED (Enler	nature of injury in	Port I or Port II of it	em 18)		
20c TIME OF IP	10	20d INJURY OCCURRED While Nat while at work at work		INJURY (Home, for set, office bldg., et		n)	(County)	(State)
21. I certify	that Laylended the d		9Mer	195 / 10	BM, from the		I last saw the	
ACTUAL SIGNATURE	13/4	D. G.	##	13A	ADDRESS (Street, cit	y or lawn, slate)		ATE SIGNED
PHYSICIAN'S NAME (Type)	WE	mcGr	s th	Cat	cons Vil	1 28m	2 5	5/5
220. BURIAL, CREM. REMOVAL ISPO	ATION, 226 DATE THEREOF		EMETERY OR CREMA	NTORY	22d. LOCATION (C	ity, lawn, or county	r) (Sta	ole)
23. FUNERAL DIRECT		ADDRESS	Orleans S		D BY REGISTRAR	24b. REGISTRAR'S	ACACTHREE	
1	1/	<del>-</del>		I acres (A)				



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR CT	ATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05197
FOR ST			Ite. 8 3, 13, 17 F1 (10/242 5-17-59 et Reg. Dist. No.
A		1	PLACE OF DEATH  2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)  5 2 20 VALUE  5 2 20 VALUE  COUNTY  COUNTY
, Please Files. Health,	1 -	,	VIAC VAND
ory, I dor. our fi	M		Lord give neerest town
80.0	100	1	DALTIMORE  d NAME OF HOSPISAL OR INSTITUTION (If not in Applia), give street oddress)  d STREET ADDRESS.
is ne and a second of the seco	X		WILD WOOD BENCH 1814 E. BALTIMORE ST. YES NOW
fune fune stain Stall			NAME OF DECEASED First Middle Lost 4 DATE Month Doy Year
the the		1	TIPE OF PRINT GRADY HAPOLD CHABIS Chavis DEATH
If a 3 to any the risk risk risk risk risk risk risk risk		5.	Mariba Day Man Min
offi. and 5 m 1 2 v		100	USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) 12. CITIZEN OF WHAT COUNTRY?
2. 4. 2. 4.			suring most of working life, even if relired)
10 Sept. 10	I	13.	LABORER USED CAR N. C. U.S.A.
Pog	-		BENJAMIN OHABUS Chavis DEBIE LOCHLEAR
ive ive		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 117 INFORMANT
Self Self			NO 239-42-0968 HUTHAN CHABIS SAME
der de la company de la compan			18. CAUSE OF DEATH [Enier only one couse persons for (o), (b), and (c).]
ler ofor it p			PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (0) DROWNING
rens rens rens	1		850× DUE TO
8 5 5 5 E	A		Conditions, If any, which (b)
er's			[o), stoling the underlying DUETO
should grand			course lost, (c)
endin of Exc sed o	ن	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4)  PERFORMEDY  YES   NO FILE  NO FILE
dio dio		Ę	200 EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING   20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of Item 18) CAUSE OF DEATH.
M I Wild		_	CITIFEE I - DIFF OUT COLUMN CON TO TOP CIC CITIEN
the Thie		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or fown) (County) (State)
NE Se 3	03	AE	30 p.m. 5-3 1959 of work 1 of work 1 BACK RIVER (=SSEX -2/ DALTO. M)
AM to t			21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection []. Inquiry []. and in my
ote, rded TOR:			opinian death resulted from: Natural causes , Accident . Suicide , Homicide , Undetermined manner
DIC.			ACTUAL M.B. DAVIS / M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
he be be be ign			EXAMINER'S ASSISTANT MEDICAL EXAMINER 5/3/59
old des			NAME (Type)  DEPUTY MEDICAL EXAMINER (1)
Sho Sho		1220	BURIAL, CREMATION, 276. DATE THEREOF TO. NAME OF CEMETERY OR CREMATORY TO COUNTY) (Store)
5 0 4 0 0		1	UNERAL DIRECTIONS SIGNATURE ADDRESSO LANGUE VALORETO BY PEGISTRAN 12th PEGISTRAN
VS. A15ME		13/	Jan 12 May de Jack Com To Seally Com
&M 2,57	(	华	ON MAY 6 '59 ariting & Kraua.
	1	/	carety/Mo



			MARYL	AND S					H-BALTIN	NORE, 1	8	
7			' 5	223	CERT	IFICA	TE OF E	EATI	H Cap		Reg. Dist. No	05198
( )	1.	PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND	G. STATE	ervla	here deceased live	d. If institution b. COUNTY	n: Residence befo	ore admission)
VI.	Г	b. CITY OR TOWN (I	If outside corporate limit	ls, write c	LENGTH OF STAY	Y IN 1b			outside corparate l	imits, write RU	IRAL and give ne	earest fown)
	L	Tows	son		2 y	rs.	X P:	ikesv	ille, Ma	ryland		
7.7		OR INSTITUTION	IAL (If not in hospital, g				d STREET A		Court Ro	- 3		e IS RESIDENCE ON A FARM?
	3.	NAME OF	<u>lla Maris H</u>		Middle	1	Losi		4. DATE	Manti		YES NO
		DECEASED (Type or print)	Marga		Phili		Cheno		OF DEATH	woull	20	oy Year ) 1959
	5.	SEX			NEVER MARR	IED 🔲	B DATE OF BIRTH	4	9. A	GE'(In years st birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.
	_	Female	1 TEAMOR WAN	WIDOWED	-		10/14	/1871	. 8	86/ yrs.	Months Doys	Hours Min.
	100	during most or work	ON (Give kind of work of king life, even if retired)	fone 10b. Kil	AD OF BUSINESS	OR INDUS	TRY 11 BIRTHPL	ACE (Slote	or foreign country	1"		OF WHAT COUNTR
	13	Maid FATHER'S NAME					14 MOTHER'S	Maryl			J	J.S.A.
				2 1			14 MOTHER 3					
	15.	WAS DECEASED EVE	exander Bre	CES? 16. SO		O. 17. IN	FORMANT	EILE	n Little	Addre	25.5	
	{Ye	s. no. or unknown)	(If yes, give wor or dates of se		None							
			TH [Enter only one co	use per line			1	1			INT	ERVAL BETWEEN
. */		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	171 4	OCHKDI	172	INFA	140 1	1010			1011
		4 /	DUE TO	14-37	TUN SON	۳ دانه پیم	in Par	Para	HSCULA	Dec	Marca I	0 420
		Conditions, if or gove rise to in	mmediate (		3110 7 21	64301	to city	Die y	"SEULIT	0/3	1756- 1	0 /115
		cause (o), stating lying couse lost.	the <u>under-</u>									
	Z	PART II. OTH	HER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DE	EATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE COL	NDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
7	ICATION											YES NO
	CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY (	OCCURRED	). (Enter noture of	Finjury in	Port I or Port II of	slem 18.)		
	MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Yea		RY OCCURRED	20e. PLA	CE OF INJURY ()	Home, forn	n. 20f (City or to	wn)	(County)	) (Slate)
	MED	Hour a.m.	19	While at work [	Not white	Tac	silver, office	ulug., erc	1			
		21. I certify th	at Jattended the	deceased	from		, 19. <u>5</u> J	, la_/	1117 2	0, 19> 7	,that I last s	aw the decease
		alive on	1171 17	_, 1 <u>2 S</u> ,2	L, and that	l death	occurred at.	775	ZM, from the	causes ar	nd an the do	ate stated abov
		ACTUAL 2	West and	14/	1 . Ruse	7		1 . 1	ADDRESS (Street,	city or town, s	tote)	DATE SIGNE
- 1		SIGNATURE	William Mrs 1	4. 171	LL SKIRK	A . A	A D		GP 16CP1	111.51	97	2-1-2-1-1
1		PHYSICIAN'S NAME (Type)	Dr. Charles	F. 0	Donnell	7 ver. i	ン. 					
	229	BURIAL, CREMATIO	N, 226. DATE THEREO	F 2	2c NAME OF CEN	AETERY OF	CREMATORY		22d. LOCATION	(City, lown, or	county	(State)
		FUNERAL DIRECTOR	S SIGNATURE	97	1 ADDRESS	ree	2		1 ste	sorl	ec 8,	ma
	aQ.	5/ 1	SIGNATURE )	1 4	f Im al	P			AY 2 2 '59		TRAR'S SIGNATU	
		100	-17///	20 -	110 86	-		DAIE				



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	5224 CERTIFICATE OF DEATH  Reg. Dist. No.
٦.	PLACE OF DEATH  o. COUNTY 327 DEFINE Rd Rotharyland  2 USUAL RESIDENCE (Where deceased lived. If institution Maidency before admission)  o. STATE  DECEMBER 1. COUNTY 2015  b. COUNTY 2015  DECEMBER 1. COUNTY 2015  DECEMBER 2. COUNTY 2015  DECEMBER
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  B7470  B7470  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  B7470  B7470
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 322 OVERISROOK RESTANDE  e. IS RESIDENCE ON A FARM? YES \( \sigma \text{NO} \) NO (2)
	NAME OF DECEASED (Type or print) Laura First Andrew First Andrew Cherry OF DEATH 5 - 27 1959
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED 3-1-1882  9. AGE (In years lif under 24 Hrs. Months Doys Hours Min.
100	USUAL DCCUPATION (Give kind of work done during host of working life every if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME Worklever, Associ
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT AND OF UNKnown) (If yes, give your or dates of service) NO HAS BORD - FRANK Address Constitution of Services (In yes, give your or dates of services)
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PRIPERS  ONSET AND DEATH  ONSET AND DEATH
	Conditions, if any, which gove rise to immediate (b) all celes Cherman fore chooses
Z	cosse (a), storing the <u>under-lying course last.</u>   Other signature of the property of the pr
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of Item 18 }
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDIC	20c. TIME OF INJURY Month, Doy, Year Month, Doy, Year 20d. INJURY OCCURRED While Not while at work at work at work at work at work.
	21. I certify that I attended the deceased from 57-4-, 1957, to 527-, 1957, that I last saw the deceased alive on 5-27-, 1959, and that death accurred at 81. M, from the causes and an the date stated above.
	ACTUAL SIGNATURE (Liber Ethors M.D. 32/ Drunking (C) DATE SIGNED
	PHYSICIAN'S C. VICTOR RICHARDS
	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote) BURIAL Specify 5-30-59 MORELAND MEMORIAL BATO. MP.
23. H	FÜNERAL DIRECTOR'S SIGNATURE  ADDRESS
	3. 5. 100 13. 15.E. MEDICAL CERTIFICATION



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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HEALT	H DEPT.
inecessary, please of directors, Page disposer files	· ×

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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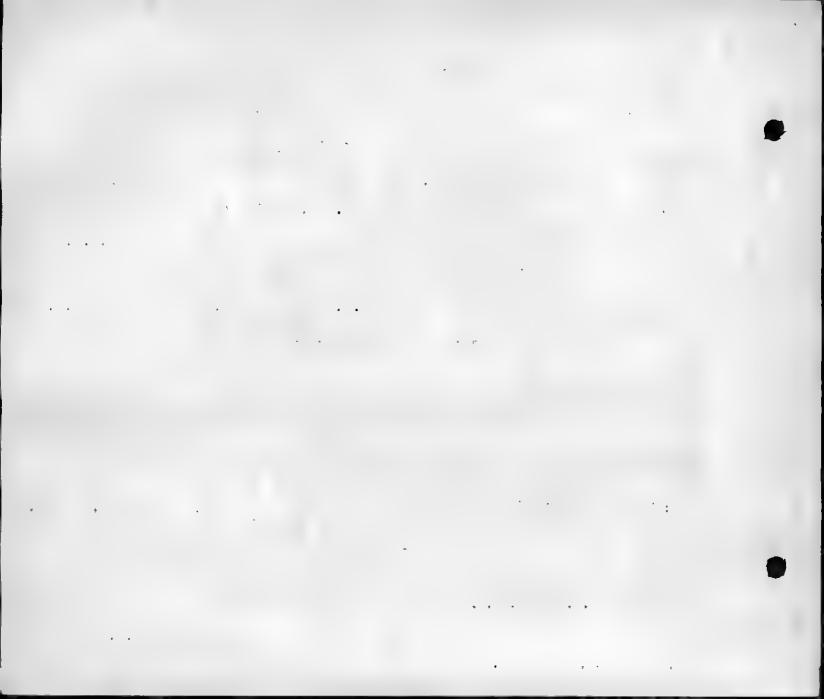
	-	Trems	220,220	五丁不開源以中間	フーニゾーラブ	et	Re	eg. Dist. No.	
PLACE OF DEATH		500	0.4	11	IDENCE (Where d			Residence befor	e odmission)
Ba	ltimore	V 16. 1	MARYLI	O STATE	NEW YORK		COUNTY		
b CITY OR TOWN and give rearest toy	(If outs de corporate limits, will vn)	e luths of the	ENGTH OF STAY IN	11b c CITY OR	TOWN (If outside	corporate li	nils, write RUR.	AL and give nea	irest town) 🔍
	1850				Bronxvil	le			
d. NAME OF HOSP	ITAL OR INSTITUTION	(lf not in hespite), i	give street address)	d STREET A	DDRESS				ON A FARM?
Ru	ral		-	39 Ed	gewood L	ane_	The second section of the		YES   NO
3. NAME OF DECEASED	Fic	rst	Middle	Lost	4. DA	TE	Month	Day	Year
(Type or print)	CRACE	-	C.	CLEARY			May	12	159
S. SEX	6. COLOR OR RACE		NEVER MARRIED			9. AGE	In years IFU Hiday) Mai		F UNDER 24 HRS
F	W	WIDOWED	DIVORCED [		1	43_	yrs	Tools T	Mill.
10a. USUAL OCCUPAT during most of work	ION (Give kind of working life, even if retired)	done 10b. KIND C	OF BUSINESS OR IN	DUSTRY IT BIRTHPLA	ICE (State or fare	ign country)			WHAT COUNTRY
Housew	rife			Ci	ncinnat	i, Ohi	.0	U.S.	Α.
13. FATHER'S NAME	Bernard C	. Chenal	1	14. MOTHER'S					
				Gr	ace Gui	lfoyle			
15. WAS DECEASED E	YER IN U. S. ARMED FO			17 INFORMANT			Address	Bro	nxville
				red.H.McG	rath &	ion, 2	O Ceda	r St	N.Y.
Conditions, if gave rise to imm (a), stating the cause fost.	ediate cause	)	SUTING TO DEATH I	BUT NOT RELATED TO	THE TERMINAL DI	SEASE CONDI	TION GIVEN II	N PART 1(0) 19.	WAS AUTOPSY PERFORMED?
PART II. O'  PART	URY Month, Doy, Ye	or 20d. INJURY	rplane c	Tash PLACE OF INJURY (H	lome, form, i 20f			(County)	S NO (Stole)
~ <u> </u>				ir over fa		Chase		Balto.	Md.
	that I took charge resulted from				Autopsy 🔀,			nquiry [], ned manner	and in my
ACTUAL SIGNATURE_	ma	oair	7	ASSISTAN	EDICAL EXAMINE	AINER 🗇		5/1x	DATE SIGNED
NAME (Type)	M.B. Davi			-	MEDICAL EXAMIN		_	.//	0./
REMOVAL (Spec )	5-14-5	9 B	TAME OF CEMETER	2 Cenetery		Bronky	AAZEAL	Y: /. /	(\$)(i/a)
23 FUNERAL DIRECTO			ADDRESS / / / /		24o. REC'D BY WE		146. REGISTRAÍ	'S SGNATURE	
Wm. Cook.	Inc., 1217	7 St. Fa	ul Street		DATIMAY 1 5	1=0	C 73		

10 DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is neveral the criticale, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 shauld be.

4 shauld be.

5 shauld be.

7 FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit, file pages 1 and 2 with the State 8 or its designated agent, prior to burial, cremation, ar removal, and in any event-within 72 hours after death. VS. ATSME 5M 2/57



POR STATE

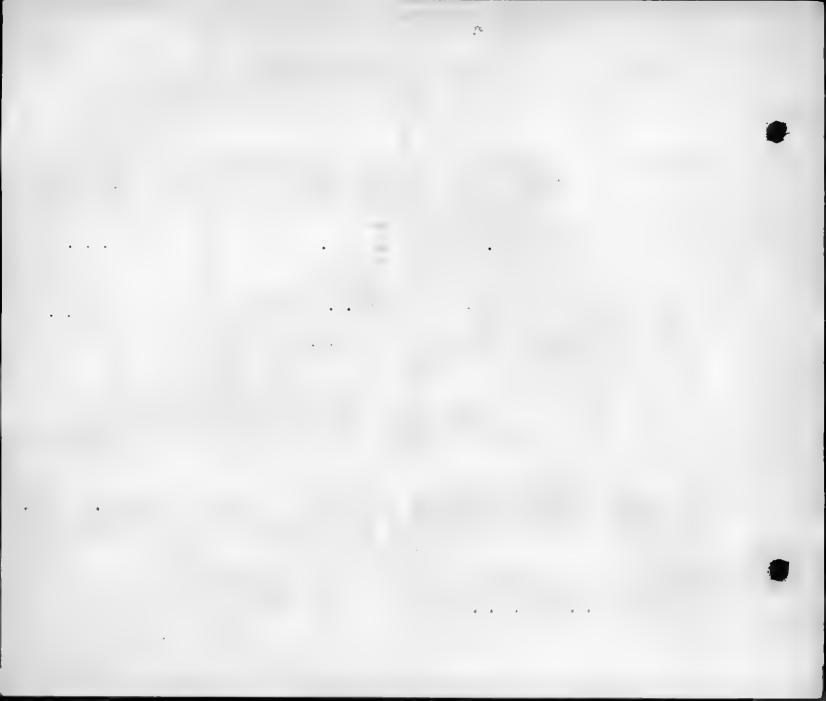
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 05202

1. PLACE OF DEATH o. COUNTY BE	altimore	52	27	2. USUAL RESIDENCE 0. STATE	(Where deceased live	d. If institutions Re b. COUNTY	sidence before a	dm(ixion)
dug Bisa usates) jam	If outside corporate limits, writin) n) NASE	RUFAL C. LI	ENGTH OF STAY IN I	b c. CITY OR TOWN	(If autside carporate	limits, write RURAL	and give nearest	lown) y
	ral or institution (	If not in hospital,	give street address)	d STREET ADDRESS				NO D
3. NAME OF DECEASED (Type or print)	Fir M au		Middle D	Last	4. DATE OF DEATH	Month	Day	Year 18'0
5. SEX			NEVER MARRIED	B. DATE OF BIRTH July 5,1912		E (In years birthday) Month	DER IYEAR IF UI	
D rector  13. FATHER'S NAME	on (Give kind of work on the life, even if retired) Industrial known			USTRY 11. BIRTHPLACE (SIO LCAL CO. ( 14. MOTHER'S MAIDEN UNKNOWN	OHIO	12. (	U.S.A	
15. WAS DECEASED EV (Yes, no, or unknown) NO	/ER IN U. S. ARMED FO			. MFORMANT Fred.H.McGra	th & Son,	Address 20 Cedus	r St <sup>Bro</sup>	nxvill
	diote couse	Mul		reme injurie	) <b>E</b>		INTERVAL DE ONSET AND	
ŽĮ.	HER SIGNIFICANT CON	DITIONS CONTRIB		T NOT RELATED TO THE TER				PORMED?
PRIMARY OF CO CAUSE OF BEATH.  20c. TIME OF INJU- Hour 1600 5-15 p.m.	RY Manth, Doy, Yes 5/12 19	A 20d. INJURY While of work	irplane cr OCCURRED 20e. P Not white of work K Ai	. (Enter nature of injury in Portage)  **ASE OF INJURY (Home, for actory street, office bldg., et rover farm bove, held an Autop	cm. 20f. (City or tow	m) (i	alto.	(Stefe)  Md.  and in ny
ACTUAL SIGNATURE	resulted fram: 1	Paul	Acciden	M.D. CHIEF MEDICAL	Homicide [],  EXAMINER []  CAL EXAMINER []	Undetermined	-	E SIGNED
220. BLRIAL CREMATIC REMOVAL (Specify R IOVAL 23. FUNERAL DIRECTOR	5-14-5		NAME OF COMETERY	DEPUTY MEDICAL OR GREMATORY  OR GREMATORY  1 240 REC		C'y town to county	Pario (S	riote)
	Inc., 1217	St.Faul	l Street,		MAY 1 5 '59		S. Kines	

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the criticole, writing the word "pending" in pending its lem, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be "fixed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained four files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriot, cremation, or mammed, and in any event within 72 haurs after death. VS. A15ME 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5229 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY Balto. filed o. STATE Md. **b. COUNTY** Balto. MARYLAND erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) 8 RURAL and give nearest town) 70 Catonsville Catonsville d NAME OF HOSPITAL (If not an hospital, give street address) d STREET ADDRESS OR INSTITUTION 24 St. Timothy's Lane Timothy's 3. NAME OF 4. DATE First Middle Lost DECEASED DEATH (Type or print) May EGERTON COATES 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months female whi.te camplet WIDOWED [] DIVORCED | papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) during most of working life, even if retired) Md. pup Housewife (rtd) at home corban 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ě Spencer T. Oldham Annie Elizabeth тале 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT no attending 18 CAUSE OF DEATH [Enter only one couse per line for (p), (b), and (c) ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

Year 19 59 IF UNDER I YEAR IF UNDER 24 HRS Days 12. CITIZEN OF WHAT COUNTRY? Miss Miriam O. Coates - St. Timothy's lane INTERVAL BETWEEN ONSET AND DEATH Herurs DUE TO tonoseleratio (U) Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. CERTIFICATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES TO NO PE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18 ) 20e. PLACE OF INJURY (Home, form, | 20f (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m 1959, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 1/20 M. from the causes and an the date stated above. alive an. ADDRESS (Street, city or\_lown, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BUR AL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) REMOVAL (Specify) Druid Ridge Pikesville, Md. Burni al 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE MAY 2 0 '59 Orthur & House

IS RESIDENCE

ON A FARM?

YES TO NO T

0 VS A15 (4) 15M 10/57

FUNERAL I

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burial-transit

death.

hours after

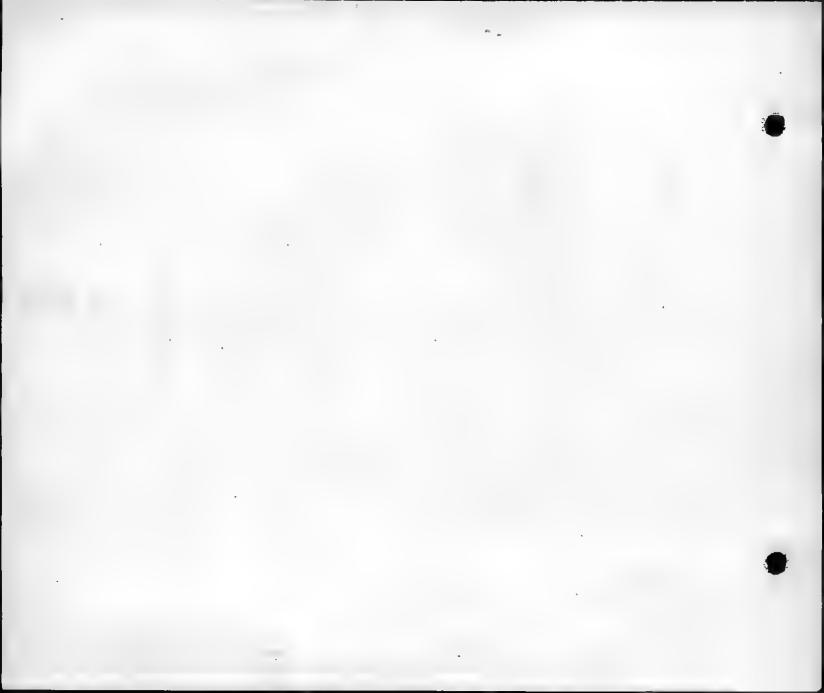


VS A1S (4) 15M 9/58 M

MARYLAND	STATE	<b>DEPARTMENT</b>	OF	HEALTH-BALTIMORE,	18
r e	20				

05204

1		•	CERTIFI	CATE OF I	DEATH		Reg. Dist. N	la.	0.36
1	1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLAN	o. STATE	DENCE (Where doce	ased lived. If institution b. COUNTY			)
	RURAL ond give ned	lgemere		X	Edgemere	orporale limits, write R	URAL and give	,	
	d NAME OF HOSPITA OR INSTITUTION	12626 Edgemer		d STREET A	2626 Edge	mere Ave.		e is reside ON A FA	ARM?
	3 NAME OF DECEASED (Type or print)	First MERIAVIIN	Middle CARTER	COATES	4. DAT		5	Day Yea	59
	s sex Male	6. COLOR OR RACE 7	WARRIED NEVER MARRIED (	B. DATE OF BIRT	1894	9 AGE (In years lost birthday) 64 yrs		AR IF UNDER	
	10a. USUAL OCCUPATIO		106 KIND OF BUSINESS OR IT	NOUSTRY 11. BIRTHPE			12 CITIZEN	OF WHAT COL	JNTRY?
	13. FATHER'S NAME Smith M.	Coates		14. MOTHER'S	MAIDEN NAME V. Hensen		1 0.0	• /2.•	
		IN U. S. ARMED FORCES? f yes, give war or dates of service)		INFORMANT Clifford C	oates, 13	O Milford		Tex San Ant	
	Conditions, if an gave rise Ia im couse (a), sloting the lying cause last.	he under: DUE TO	Breunona Death	of t	te col	PEASE CONDITION GIVE	VEN IN PART 1(0	PERFORM	TOPSY AED?
	PART II OTHE  200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A  20c. TIME OF INJURY Hour o. m p. m.	MEDICAL EXAMINER)  Month, Doy, Year 2	/hile Not while	JRRED (Enter nature of the property of the pro	Hame, form, 20f. (	City or tawn)	(Coun		(State)
		at I attended the dec		M.D. 91	10 N 23 20 57 MM, Fro		that I last s	ite stated a	
	22g. BURIAL, CREMATION REMOVAL (Specify) BUTIAL 23. FUNERAL DIRECTOR'S	May 8, 195	9 Bumpy Oak	_	22d. LO	Pomonker,		(State)	
1	Ullrich Fu	neral Home Du	mdalk, Md.		DATE MAY 7		they & the		





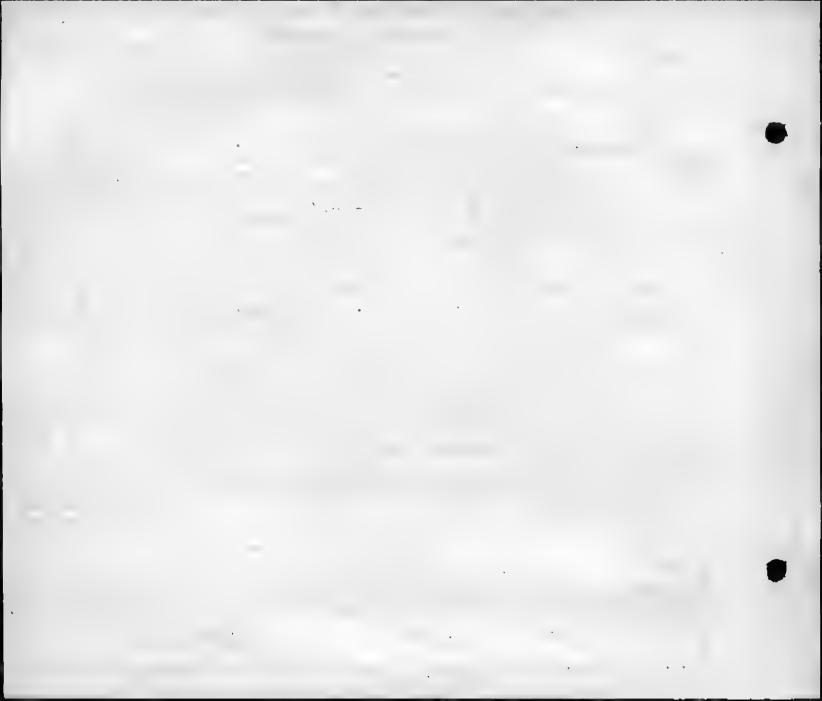
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5232 CERTIFICATE OF DEATH Reg. Dist. No () 52() \*\*STATE\*\* \*\*STATE\*\* \*\*STATE\*\* \*\*DATYLAND\*\* \*\*PATYLAND\*\* \*\*COUNTED \*\*C

1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTBaltimore o. COUNTY Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) RURAL and give negrest fowns 00172 d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? Spring St. Spring YES NOT 4. DATE NAME OF First Middle Month Day Year DECEASED OF DEATH 24,1959 CRAMBLITT (Type or print) JOHN ALBERT 19 9. AGE (In years lost birthday) 5. SEX 6. COLOR OR RACE IF UNDER LYEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Hours Male White DIVORCED [ WIDOWED T 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

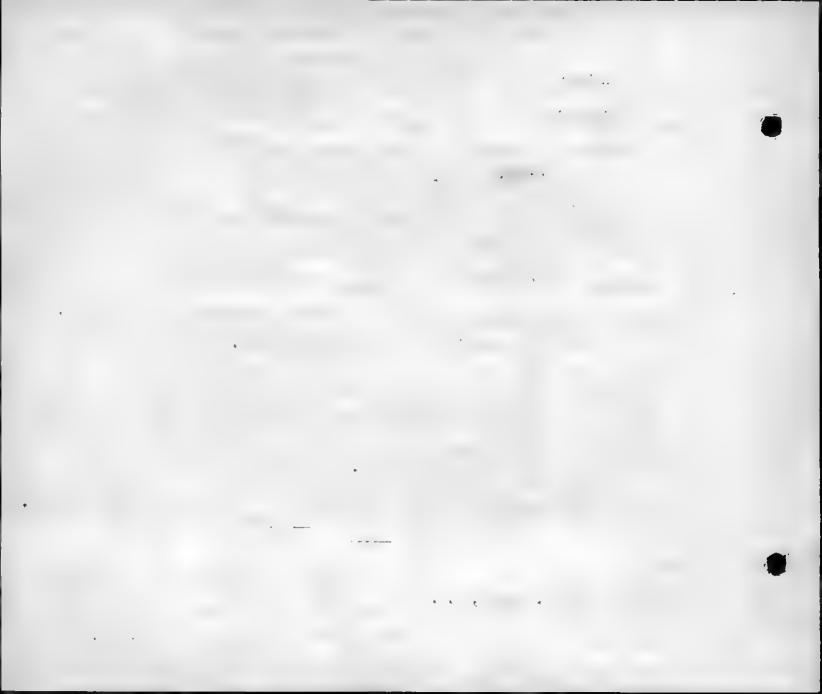
10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Laborer Maryland Retired 14 MOTHER'S MAIDEN NAME 3. FATHER'S NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17 INFORMANT Address Mrs. Esther Zellmer. Oella . Md No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO revioselerotic Cardiovasci Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 17 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of Item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Dov. Year 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) Hour om. While Not while of work of work 19 5 9 5-24 . 19\_5 Sthat I last saw the deceased 21. I certify that I attended the deceased fram. , and that death accurred at 11.15 PM, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S LLIZOTT E NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Rurial St. Johns Ellicott. .Cit.v. Md ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE . Higinbothom . Ellicott City . Md MAY 2.6 '59

director, ited with after death. Page Filed uneral pia hours 2 filled completely papers. PE carbon offer physician hours 22 attending that the è ony te has been signed burial-transit permi 3 should FUNER 0 VS A1S [4] 15M 9/55

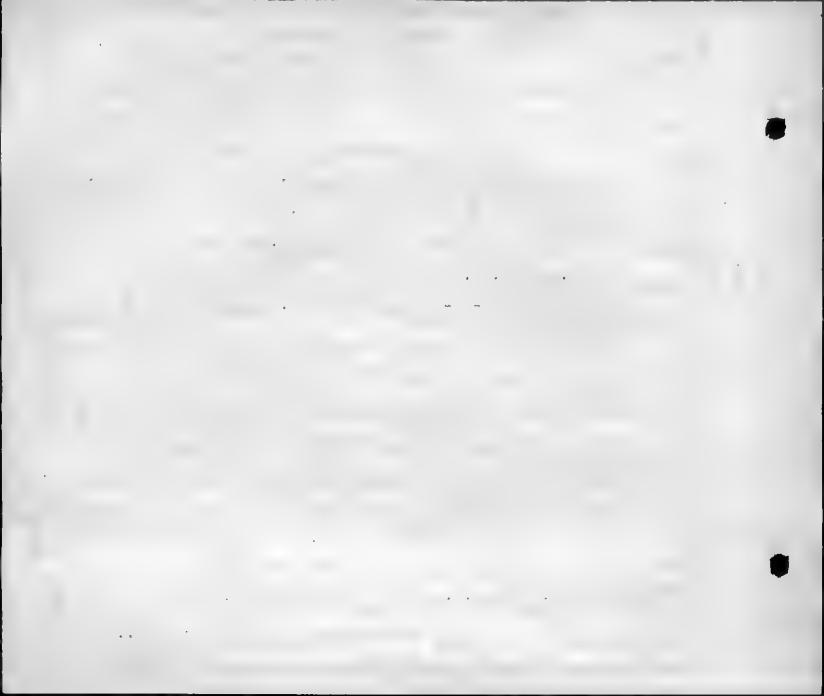
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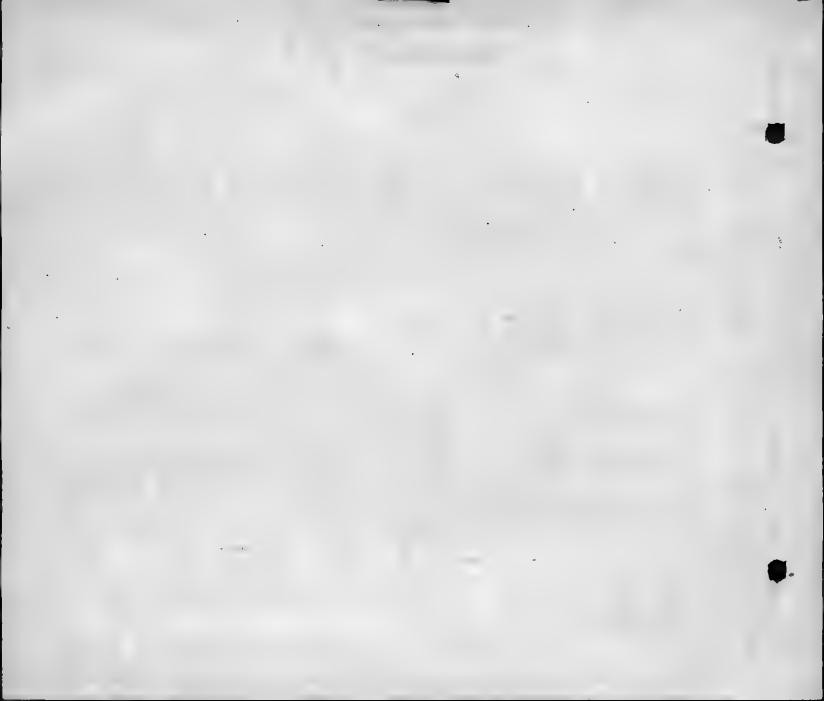


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
12	>	5169 CERTIFICATE OF DEATH	\ 05208
I director, filed with		1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution of STATE	Residence before admission) Baltimore
deoth.	ì	D. CITT ON TOWN (If outside corporate limits, write RURA RIVEAL and give nearest found)  C. CITY ON TOWN (If outside corporate limits, write RURA RIVEAL and give nearest found)	
p s p	/	Dundalk 10 years Dundalk (22)	
by by	X.	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTE MORNING ROAD  d. STREET ADDRESS 6902 Mornington Road	d. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
os I an		3. NAME OF DECEASED (Type or print) ROBERT FRANCIS DANAHY, Jr. DEATH Ma:	y 30th, 1959
ely fill Poge	1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF)	UNDER I YEAR IF UNDER 24 HRS.
ors. P	-  -	male   White   Widowed   Divorced   April 12,1900   59 yrs	
ond con bon pop	1	Clerical Supervisor Steel Buffalo, New York	12 CITIZEN OF WHAT COUNTRY
o no de la	ا /	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
physician emaye carl	/	Robert F. Danahy, Sr.   Margaret Nugent  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO [17. INFORMANT Address	
certical strains of the strains of t		(Yes, no, or woknown)     If yes, give wor or dates of service)	e as #2
ottending of within 72	=	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	I INTERVAL BETWEEN
e de la		PART I. DEATH WAS CAUSED BY: 19-5-C-V 1)15085-C C ADRICE	ONSET AND DEATH
The The		A AC A A DUE TO	,
any any		Conditions, if ony, which gove rise to immediate	
an. signe sil per nd in e		couse (o), stoting the under- lying couse lost.  DUE TO  (c)	
low lysici beer l-tran al, a		PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(a) 19 WAS AUTOPSY PERFORMED?
The opposite of the part of th			YES NO
IAN: rendin ficate the b		OK CONTRIBUTING LI CAUSE OF DEATH	
PHTSIC ral ar ah this certi r use as remarian		20c. TIME OF INJURY Month, Day, Year Hour a. st. 19 While At work of w	(County) (Slate)
ol, o		21. I certify that I attended the deceased from 19.7 to 19.7 to 19.9 tt	hat I last saw the deceased
TENE The P The P The P Thorn		alive on	an the date stated above
be de rijor to		ACTUAL SIGNATURE M.D. 6800 Mornington Road	e) DATE SIGNED
TAL C retains RAL Dis should strar pr	1	PHYSICIAN'S Melvin B. Davis, M.D. Baltimore 22, Maryland	đ
S S S S S S S S S S S S S S S S S S S		220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or construction) Burial 6/3/59 Oak Lawn Cometery Baltimore (	,,
D E O S €	-		Co. Maryland
VS A15 (4) 15M 9/55	2	11 160 1100 1000 1100	AR'S SIGNATURE
	F	7	





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7/	6	ĺ	
ited within 24 haurs after death. If any delay is necessary, please exer	18. Give Pages 1, 2, and 3 to the fulleral director, Page 4 should be		Margarita Bills second I amed D with the sections and
essany.	Page .	,	Parent .
is nec	rector	95.	
y delay	ieral di	aur filo	and de same
If on	the for	d for y	the car
death.	1 3 to	retaine	417
rs ofter	1, 2, an	oy be	T and
24 hour	Pages 1	age 5 n	A PANA
within	S. Ke	m PM3. Page 5 may be retained for your files.	List Sil
red	89	E.	Pare

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05210

<u></u>							Reg. Dill.	110.				
1. PLACE OF DEATH o. COUNTY RAT	timore	\$ £	MARYLAND	2. USUAL RESIDENCE (	Where decea	sed lived. If Institu		before admission)				
b. CITY OR TOWN	f autude corporate limits, writ	e BURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
and give nearest few	٦)			Washington 4/x-3								
The second secon		If not in hospi	ital, give street address)	d. STREET ADDRESS	0011	7	-1/1-0	e. IS RESIDENCE				
Rur	_			5101 Sarg		YES NO						
3. NAME OF	Fir	şi	Middle	Lost	4. DATE	Mant	h D	oy Year				
-DECEASED (Type or print)	GEORGE		ANTHONY	DAVIS	OF DEATH	May	12	2 1959				
5. SEX			NEVER MARRIED   8		'	9. AGE (In years		AR IF UNDER 24 HRS.				
M	W	WIDOWED	DIVORCED	Mar. 28, 192	7	38 yrs.	Manths Days	Hours Min.				
100. USUAL OCCUPATI	ON (Give kind of working life, even if refired)	done 10b. KI	ND OF BUSINESS OR INDUST			country)	12 CITIZEN	OF WHAT COUNTRY				
	perintend	ent (	C.& P.Tele.	Co Washi	ngton	, D.C.	US	A				
13. FATHER'S NAME				14. MOTHER'S MAIDEN		<u> </u>	1					
Calv	in C.	Davis	S	Ire	ne	Douglas	S					
15. WAS DECEASED EN	ER IN U. S. ARMED FO	RCES? 16. SC	OCIAL SECURITY NO. 17. II	NFORMANT		Address						
Yes	W.W. 11		8-0 <i>5</i> -7303 1	Irs.Geo.A.I	Da.vis	5101 S	argent	Rd.N.E.				
18. CAUSE OF DEA	TH [Enter only one car	se per line fo	r (a), (b), and (c). ]				II.	ITERVAL BETWEEN NSET AND DEATH				
PART I. DEA	TH WAS CAUSED BY	16.74	dalla ambaassa	d - done do -			ľ	HART VIAN DOVIN				
l x	DUE TO	MILL	iple extreme	-TESTITES								
Canditions, if	and subtable											
gave rise to imme	diale cause											
(o), staling the	underlying DOE TO											
Z PART II. OT	HER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEAS	E CONDIT ON GIV	EN IN PART 1/o	19 WAS AUTOPSY				
PART II, OT		-						PERFORMED?				
20a. EXTERNAL CA	USE WAS 20	b. DESCRIBE I	HOW INJURY OCCURRED. (E	nter nature of injury in Par	f I or Part II	of item 18.)						
20g. EXTERNAL CA PRIMARY TO OF CO CAUSE OF DEATH.	NTRIBUTING [	- 4	plane crash			· ·						
3 20c. TIME OF INJU	RY Month, Day, Ye		JURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	n. 20f. (City	y or lown)	(County)	(State)				
20c. TIME OF INJU	5/12 19	KO gt work		ory, street, office bldg , etc OVER PARM	Chas		Balto.	Mda				
			mains described abo			nspection .						
			, Accident II, Sui			ndetermined o		_, and ma mor				
ACTUAL SIGNATURE	2 Hack	0+0	Mounell	M.D. CHIEF MEDICAL E	KAMINER [			DATE SIGNED				
EXAMINER'S			/	ASSISTANT MEDIC	AL EXAMINE	R		1/ /				
NAME (Type)	Charles C	Donne	11. M.D.	DEPUTY MEDICAL	EXAMINER [	4		1/2/34				
220. BURIAL CREMATIC REMOVAL Specify BURIAL	ON, 226. DATE THEREC	)F 2	2c. NAME OF CEMETERY OR Fort Lincol			nce Geo		(Stote)				
23. FUNERAL DIRECTOR			ADDRESS		D BY REGIST		STRAR'S SIGNAT					
H Sanden	& Song T	nc 1	Baltimore,	Md DATE	MAY 1 5	159	Terthon S.	Kinia				
III CALLUCT	O NOITO T	LLV 6 5	OCCI. OTHEOT C.	TILL O DATE	111111 - 4	أكوابيها الشدا						



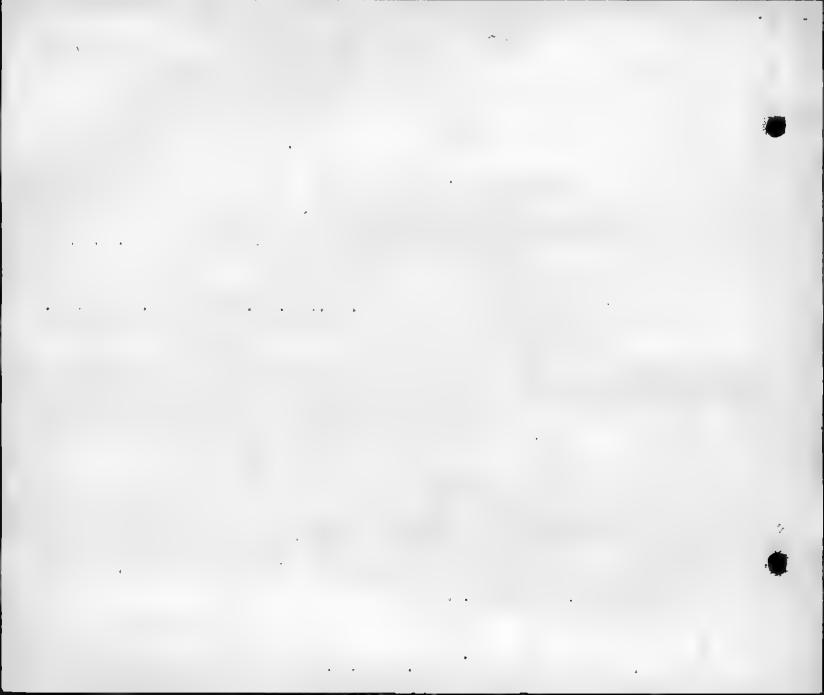
VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

き記答 CERTIFICATE OF DEATH

Reg. Dist. Nol) 5211

	Baltimore		MARYLAND	o. STATE Maryl	and		If institution: Re COUNTY	isidence before	a odmission)			
	b CITY OR TOWN (If outse	de corporate límits, writ	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	Fort Howard	lown)	14 Days	Baltimore 3 Vol. 4								
	d. NAME OF HOSPITAL (IF OR INSTITUTION	nat in hospital, give stre	et address)	d STREET ADDRESS   IS RESIDENCE								
	Veterans Admi	nistration	Hospital	2701	N. Cha	rles St	treet (]	18)	ON A FARM? YES NO 🍱			
	3. NAME OF DECEASED	First	Middle	Lost	4.	DATE	Month	Day	Year			
	(Type or print)	FRANCIS	A. E.	DeBULLET		DEATH M	XY.	7	1959			
	5. SEX 6. C	OLOR OR RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH		9 AGE	(In years IF U	NDER I YEAR	IF UNDER 24 HRS.			
	Male Wh	rite wido	WED DIVORCET	April 30,	-		yrs Mor	oths Days	Hours Min.			
	10a. USUAL OCCUPATION (Gi during most of working life	B. even if refired)	6. KIND OF BUSINESS OR INDU						WHAT COUNTRY			
	Clerk		Insurance(Blue (	Cross)Balt	imore	Maryla	and	U.S.	A.			
	13. FATHER'S NAME			14. MOTHER'S MA	NDEN NAM							
	Leon DeBullet			Laura W	hitel	ev						
	15. WAS DECEASED EVER IN U		16. SOCIAL SECURITY NO. 17	NFORMANT		•	Address					
	Yes (if yes, (	rve wat or dates of services	216-32-7243 C	lin.Rec.,V	et. Adr	n. Hospii	tal. Ft.	Howar	d. Md.			
	18. CAUSE OF DEATH [			111111000	C 0 \$ 2300	18 110 D D Z	JCC2, 70.					
	PART I DEATH W			TENANT					RVAL BETWEEN			
		IMMEDIATE CALLE CO. CAMPO TATOLINE OF STATEMENT										
	1011	/ S / X DUE TO										
	Conditions, if any, w											
		gove rise to immediate couse (a), stating the under. DUE TO										
	lying couse lost.											
	PART N. OTHER SIC	PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY										
,	Soperation: E	Operation: Exploratory Laparotomy 4/14/59 at Union Memorial Hospital										
i	200 ACCIDENT WAS UNE	ERLYING [] 206 D						-	IES [] NO ES			
	OR CONTRIBUTING CA	20a ACCIDENT WAS UNDERLYING [] (20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II af item 18.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	20c. TIME OF INJURY Mo	.,,,   240		ACE OF INJURY (Hom	e, farm, 2	of (City or lowe	)	(County)	(Stole)			
	Hour o.m.	19 Whi	lle Not while To	ctory, street, office blo	g., elc.)							
				19.59, 1	Magr	.7.	FO YY	YYYYYY	YYYYYYY			
	Purantary mark	niended ine dece	ased from April 23				, 19 <u>.22</u> .,46	<b>GCGGPP</b>	WATER SECTIONS			
	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	MAAAAAAAA	XXXXXX and that death	occurred at #7								
	ACTUAL DE	111/1	and 1				or lown, state)		DATE SIGNED			
,	House four	Mr. CV	CUHNO _	M.D. VA HOS	PITAL	, Fort	loward,	Md.	5/8/59			
	PHYSICIAN'S TOTTE	TE OF ATTEMPT	n ' w n									
	NAME (Typo) JOHN	W. CRAWFOR	D, M.D.									
	220 BURIAL CREMATION, 22		22c. NAME OF CEMETERY O				ly, lown, or cou		(State)			
	Burial (Specify)	5-9-59	Loudon Park	Cemetery	B	altimore	, Maryl	.and				
	23. FUNERAL DIRECTOR'S SIGN	ATURE & C	ADDRESS	240	a. REC'D BY	REGISTRAR	24b REGISTRAR	'S SIGNATURE				
	John O Wit-1	& Sons										
	John O. Mitch	1611 17	00 Eutaw Pl. Ba	Trootine Inv	TEMAY 1	1 '59	Clythur	& Kroud				



VS A15 (4) 15M 10/57

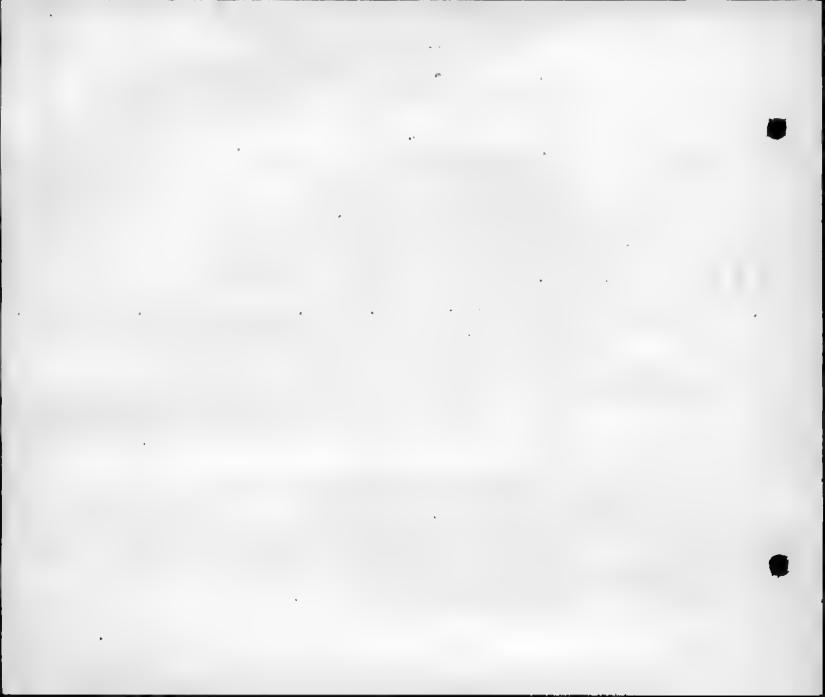
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5237 CERTIFICATE OF DEATH

Reg. Dist. No. U5212

1. PLACE OF		22 3 1 1			- 11 .	USUAL RESID	ENCE (Who	ere deceased	lived. If institut		ce before	admissi	ion)	
Baltimore MARYLAND						Maryland Baltimore								
b CITY OR TOWN (If outside carparate fimits, write RURAL and give nearest town)						c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	$\parallel$ $\times$	X Kingsville												
d. NAME OR INS	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION						DRESS				₩.	IS RESI	DENCE FARM?	
		alair Rd.				1	Belai	r Rd.					NO 🔼	
3. NAME OF		Fir	rst	Middle		Lost		4. DATE	Mo	nth	Doy	1	leor	
(Type or print) Frederick				De				DEATH	OF DEATH MS		21	1, 195		
5. SEX		6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. D	ATE OF BIRTH			9 AGE (In years		1 YEAR II	-	-	
Mal	е	White	MODIN	ED DIVORCED	J	an. 20	. 187	'8 I	last birthday) 81. yrs	Months	Doys	Hours	Min	
10a. USUAL	OCCUPATIO	N (Give kind of work	done 10b	KIND OF BUSINESS OR INC			-		untry)	12 CI	TIZEN OF	WHAT	COUNTRY	
Carpent		ng life, even if retired	,	Construction		Ra	ltimo	re, Me	d.		USA			
13. FATHER'S	NAME			0011100110011	14	. MOTHER'S					Cioss			
	Fre	derick J.	Decke	ent.			Marv	Krae	rh					
15. WAS DEC	CEASED EVER				INFOR	MANT	THE Y	117 (0)		dress				
(Yes. no. or unk		Fyes, give wor or dates of s		L4-01-9190 M	10	Mamia :	W De	alcont	Belair	b.g.	Vinas		la Md	
		OH   Fester pely one re		ne for (a). (b). and (c) ]	. 50	MICHIELO	110	icker o	Derail	Itu.		VAL BE		
		H WAS CAUSED BY		/ VM Oh	A	7/10	4	041	KOM	10	ONSET	TAND	DEATH	
-		IMMEDIATE CAUSE (o	,	= y / 1 / 1	//_	1 20			1 5-101	14	1/2	2-11	75	
	Ä,	DUE TO	,	1		•					'			
	tions, if on rise to in		1											
couse (	o), stoting t		•		_									
	ause last.	) (c			}									
	PART II OTH	ER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH 8	UT NOT	RELATED TO	HE TERMIN	VAL DISEASE	CONDITION C	VEN IN PAR	T ](o) 19	WAS A	NUTOPSY RMED?	
3 6	Ch K	Conce	MU	ralony X	4	elle	2011	Culli	les M	da	1		NO 🗗	
SOU ACCON (IF EITHER CATION	COENT WAS MR BUT NG ER, NOTIFY I	UNDERLYING CONTROL CAUSE OF DEATH	∕20b. DES	CRIBE HOW INJURY OCCUR	REID (Er	iter noture of	injury in P	art I or Port	Il of item 18)					
3 20c. TIME	E OF INJURY		or 20d. It	NJURY OCCURRED 20e	PLACE (	OF INJURY IH	ome, form,	20f. (City	or town)	- 1	County)		(State)	
ZOC. TIME	р. m.	19	While at war!	Not while	foctory,	street, office	bldg., etc.)			,	,,		(0.0.0)	
21. J c	ertify the	at # attended the	deceas	ed from [0 - 2	4	19444	to 3	12	1 1050	,that I	last can	ı iba	dacagrac	
alive	- Pro-	121	19.	59 , and that dea	th acc	urrad at	2 1	M from	the course	payment	ha data	r IIIe	occeoser	
101111				At Joing mai dea	in acc	orred di	0	±JVI, Tram LDDRESS (Sí∂	the causes eet, city or topus	ana an r	ne date	State	d obave	
ACTUAL	1	lord -	<i>t.</i> ,	Ludson	11	-	70	26	, con or 1950	Max	,	-	TE STOREL	
SIGNIET	1	13		FECTORE	_4K.D.	***************************************								
PHYSICIA NAME (1		CLIFE	-01	RDFI	41.	DSO	N		FOX	> K	, R	1]	)	
220. BURIAL	CREMATION	1, 22b. DATE THEREC	)F	22c NAME OF CEMETERY	OR CRI	MATORY		22d LOCAT	ION (City, town,	or county)		(State	÷)	
	rial	May 25,1	959	Parkwoo	od				Baltim	ore.	Md.			
23. FUNERAL	DIRECTOR'S	SIGNATURE	-1	ADDRESS	2 6		240. REC'D	BY REGISTE		ISTRAR'S SIG				
Tassa	kin S	uninalio	Home i	7401 6	do	in (Fil)	DATE 11	AY 2 2 '	59 (	Tolhun .	8 Hans	4.4		



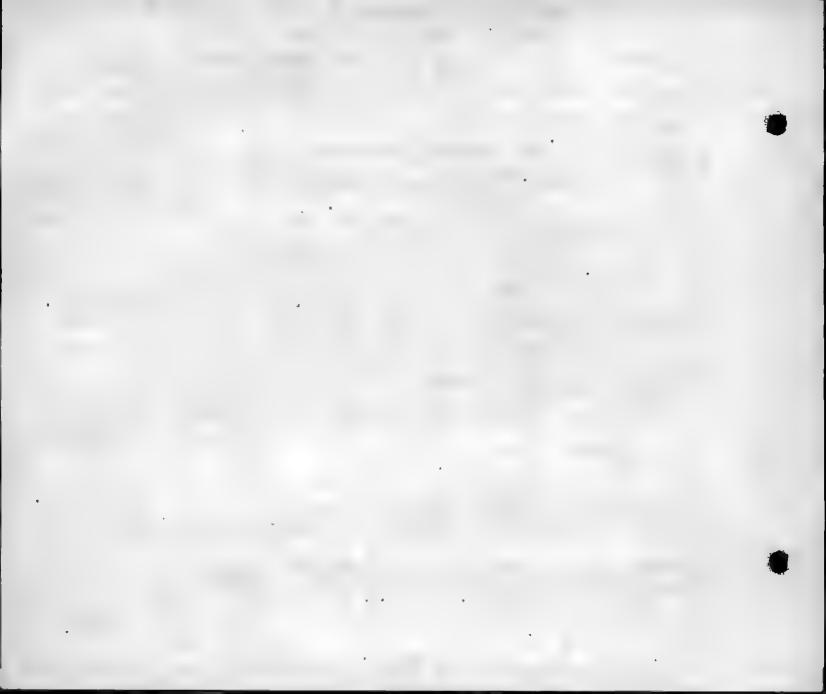
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05213

Reg. Dist. No.

1	1. PLACE OF DEATH o. COUNTY Baltimore  2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before odmission) o. STATE Maryland b. COUNTY Baltimore												
	Ь	o. CITY OR TOWN (If a and give nearest town)  Reis	outside corporate limits, write sterstown	RURAL	c. LENGTH OF STAY IN	15	c. CITY OR TOWN (	if outside con tersto		RURAL and	give n	earest ta	wn)
	d		L OR INSTITUTION (	If not in hosp	ital, give street address)		Berry Berry	yman's	Lane			ON	A FARM?
		NAME OF DECEASED	Fir		Middle		Lost	4. DATE OF	Month		Day	Y	'ear
		Type or print)		rank	Edward		DeVese	DEATH	May		11		959
	5. S	EX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED				9. AGE (In years lost birthday)	IF UNDER		Hours	ER 24 HRS.
	L	Male	White	WIDOWED			Oct.20,18		69 уга.	Months (	Days	Houn	MIII.
	10a.	usual occupation using most of working Cattle	N (Give kind of work ( life, even if relired) OBLET	dane 105. KI	ND OF BUSINESS OR INC	OUSTRY		or foreign	•	12. CITI2		SA	COUNTRY?
	13.	3. FATHER'S NAME					4. MOTHER'S MAIDEN	NAME					
\		John	W. Deves	0			Mar	y E.	Fishpaw				
/	15.	WAS DECEASED EVER	R IN U. S. ARMED FO	RCES? 16. \$	OCIAL SECURITY NO. 1	7. INF	DRMANT		Address				
	(1100)		If yes, give war or dates of NO		8-32-1035	G	race M. I	)eves	Reis	ters	ton	n,M	d.
			I [Enter only one cau	se per line fo							INTER	YAL BETWE	EN ITH
		PARI II DEAIR	I WAS CAUSED BY: MMEDIATE CAUSE (a)		Gunshot wo	und	of head				-		
		9/6X	DUE TO										
		Canditions, If any gave rise to immedi											
		(a), stating the ur											
		cause last.	) (e)								1		
2	CERTIFICATION	PART II, OTHE	R SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BE	UT NO	T RELATED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	EN IN PART			AUTOPSY IRMED?
	CERTIFI	20g. EXTERNAL CAUS PRIMARY ☐ or CONT CAUSE OF DEATH.	SE WAS TRIBUTING [		HOW INJURY OCCURRED			rt I ar Part II	af item 18.)				
	3	20c. TIME OF INJURY	Month, Day, Yea		IJURY OCCURRED 20e.	PLACE	OF INJURY (Home, for, street, affice bldg., etc.	m, 20f. (Cit	y or town)	(Cou	nly)		(State)
	MEDICAL	10:301000C	5/11 ,,	59 While	Nat white ask		, street, attice blog., et Road	c.)		Balt	imor	re	Md.
			at I took charge		emains described a			sy XI, I	nspection .	Inquir	<u>/ П.</u>	and f	find that
		death resulted t	fram: Natural	causes 🔲	], Accident [],	Suicio	le 🗓 Hamicid	e 🔲, U	ndetermined c	ause 🔲			
		ACTUAL SIGNATURE	Char	les 5	Petty.		A.D. CHIEF MEDICAL E	XAMINER [	1			mo	NIVE I
						P	ASSISTANT MEDIC					5/3	12/59
		EXAMINER'S NAME (Type)	C)	narles	S. Petty, M	.D.	DEPUTY MEDICAL	EXAMINER					
	220.	BURIAL, CREMATION			22c. NAME OF CEMETERY			22d. LOCA	TION (City, lawn, c	ir county)		(Stote	0)
	1	REMOVAL (Specify)	May 14,	1959	Evergreen	Ga	rdens	Fin	nksburg			Md.	
		FUNERAL DIRECTOR'S		70 - 6	ADDRESS	17.3		"D BY REGIS"		TRAR'S SIG	NATUR	E	
		J.F.Eline	o Sons	Keis	terstown,	MC .	DATE	4 4 150	0.0	04			

VS. A15ME(5) 5M 9/55



**ADDRESS** 

05214

e. IS RESIDENCE

INTERVAL BETWEEN

PERFORMED? YES NO

(State)

(State)

ln

(County)

245 REGISTRAR'S SIGNATURE

Chilling & Harris

24o. REC'D BY REGISTRAR

VDATE MAY 1 2 '59

ON A FARM?

YES NO

Year

19 59

death.

VS A15 (4)

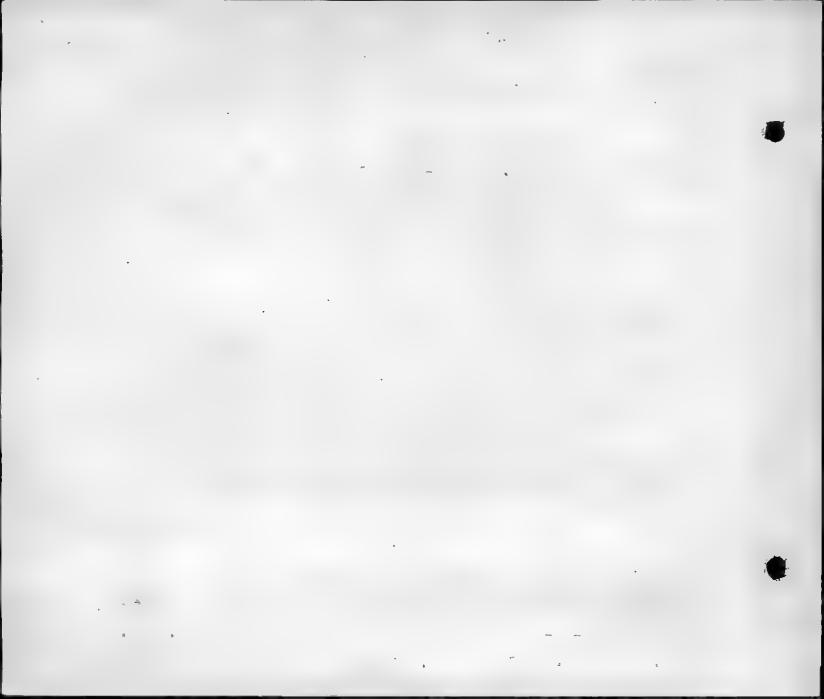
15M 10/57

23. FUNERAL DIRECTOR'S STOCKATURE



FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  Reg. Dist. NU 5329
HEALTH DEPT.	PLACE OF DEATH  o. COUNTY  B. 0 + 524 MARYLAND  2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission)  o. STATE  b. COUNTY  b. COUNTY
of Heal	b. CITY OR TOWN (I outside carporate limits write RUFAL ord give nearest town)  Calculated and the composite limits write RUFAL ord give nearest town)
X	d. NAME OF HOSPITAL OF INSTITUTION (II not in hospital, give street address)  903 Eduardo on YES   NO
he Func er death	3. NAME OF DECEASED V. Dixon Range 17 Jost J. DATE Month Doy Year (Type or print) Serena V. Dixon Range 17 Jost DEATH June 9 19-59
5 may b 2 with t 10 curs off	5. SEX 6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8 DATE OF BIRTH / TOTAL STEEL S
Page 1 ond him 72 him	10a. USUAL OCCUPATION (Give kind of work done 10b kind OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working like, even if relired)
Poges Poges Poges	13. FATHER'S NAME John Jolensey Cattein Fletcher
I nit. Tie	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address SOCIAL SECURITY NO. 17.
frem I glong sit perm I, and i	18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c) ]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  ACCUSE CONSTRUCTOR  ONE AND DEATH  ONE AND DEATH
pencil in s Office riot-tras	Conditions, if ony, which (b) Cardin Taxcular disease
ng' in on a bu	(a), stating the underlying DUE TO  couse last.  (c)  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
pendin fical Exo e wied o cremori	PERFORMED? YES NO (1)-  20th DESCRIPE HOW INJURY OCCURRED (Enter polyton of injury in Part Loc Bart Malitan 38.3
e word ief Med hould b beriot,	PRIMARY Or CONTRIBUTING CONTRIB
iting the Coge 3 s	Hour a, m. While Not while factory, street, effice bldg., etc.)
TOR: P	opinion death resulted from: Notural causes . Accident ., Suicide ., Hamicide ., Undetermined monner
and	ACTUAL SIGNATURE MD CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
cute the could be INCRAL	EXAMINER'S LO. S. M. K E FEK M D DEPUTY MEDICAL EXAMINER D FLOGATION (City fown or COURS)
5 4 6	REMOVAL (Specify) Burial 5-13-59 Bushey Park Cem Howard Co., Md.  23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
S. A15ME 5M 2/57	Mrs. Frances A. Hemsley 578 W. Biddle St DAY MAY 13'59 Onition & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



baltimore , Maryland

05215

e. IS RESIDENCE

Hours

INTERVAL BETWEEN

19 DAYS

UNKNOWN

PERFORMED? YES INO PA

(Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY U. S. A.

Days

(County)

ON A FARM?

YES NO PR

Year

10 59

VS A15 (4) 15M 10/57



VS A15 (4) 15M 10/57 0

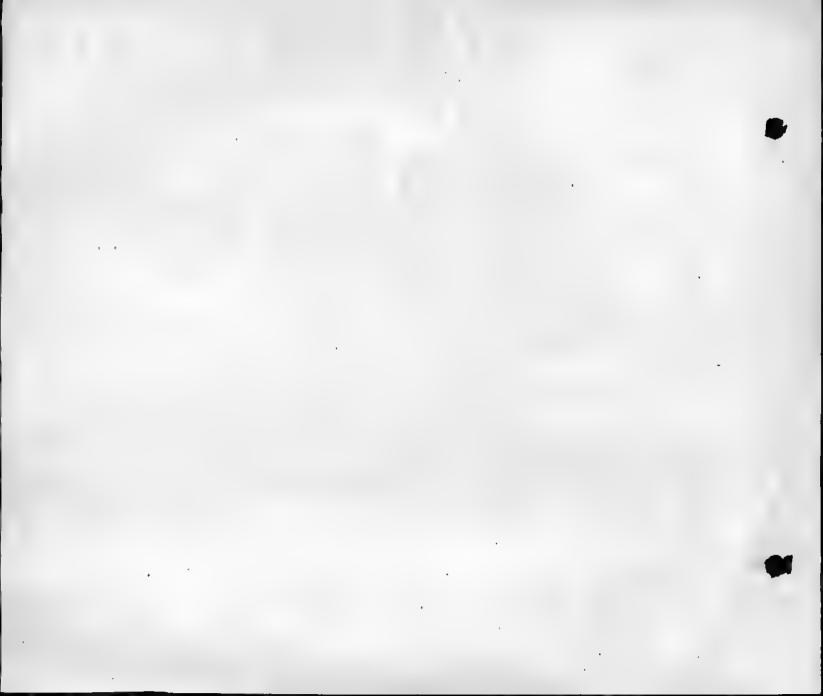
1-	1	>	
uneral director,	M	)	
in by Sacutd be file			
d in by	Č	1-	4

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5242 CERTIFICATE OF DEATH

Reg. Dist. No. 05216

1.	PLACE OF DEATH COUNTY Bai timore	MARYEAND	2. USUAL RESIDENCE (V		If institution- Resident COUNTY	ce before admission)			
$\vdash$			Maryland	P	mince Geor	rces			
	b. CITY OR TOWN (If outside corporate limits, write RURA) and give neptest town) Catonsville	c. LENGTH OF STAY IN 16  1 Week	Laurel	f autside corparate limi	is, write RURAL and	give neorest town)	n.f		
	d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION	pddress)	321 Carrol	l Ave.		e. IS RESIDEN	VCE		
-	Spring Grove State Hosp	ital	Jun 0011111	_ 45.04		YES NO			
3	NAME OF First	Middle	Last	4. DATE	Month	Day Year			
	OFCEASED (Type or print) Stuart	Winston	Dorset	OF DEATH MAY		20 =25	0		
5.	Male 6. COLOR OR RACE 7. MARR WIDOWE	36	CONTROL MEN	9 AGE land	(In years IF UNDER Months yes	1 YEAR IF UNDER 24 Days Hours M	HRS		
10	O USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Dentist	KIND OF BUSINESS OR INDUS	Virginia	te or foreign country)		ZEN OF WHAT COU	JNTRY?		
13	FAIHER'S NAME Calhoun Hawkins Dorset	0 / 0	14 MOTHER'S MAIDEN Stella C	Lrimb					
15		SOCIAL SECURITY NO. 17. II	NFORMANT		Address				
ĺλ	yes unknown unknown unknown unknown	nknown H	ospital reco	rds					
F	18. CAUSE OF DEATH [Enter only one couse per lin	e for (o) (b) and (c) )	-			INTERVAL BETWEE	* 6.1		
L	BART I DEATH WAS CAUSED BY	ongestive Hear	t Failure			indefin:	ATH		
	4500 0 DIE 70								
	Conditions, if ony, which ) Generalized Arteriosclerosis								
	gove rise to immediate Dur To								
	twine some last								
Z	(0)	A							
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS C Bronchial asthma	ONINBUTING TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE COND	ITION GIVEN IN PAR	T 1(o) 19 WAS AUTO PERFORMED YES NO	D?		
TIFIC		CRIBE HOW INJURY OCCURRED	). (Enter nature of injury in	Port I or Part II of ite	m 18.)	IES LI NO	, fv)		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 While p. m. 19	Not while foc	CE OF INJURY (Home, for lary, street, affice bldg., et	rm, 20f. (City or lown	] (0	County) (S	State)		
	21. I certify that I attended the decease	ed from May 13	, 1959, to_M	av 20	1959 that I	ast saw the dec	ensed		
	olive on May 20 195		occurred at 10:1						
	7	0		ADDRESS (Street, city		DATE S			
	SIGNATURE & JANUARY	kard,	do. James Do	nald Drink	ard, M.D.				
L	PHYSICIAN'S NAME (Type) James Donald Dri	okard, M.D.	_Spring_G	rove State	Hospital	_Catonsvi	lle.		
22	SEMOVAL (Specify) 5 23/5 9	Lallyro			ly, town, or county)	(Stote)			
23	FUNERAL DIRECTOR'S SCHARUSE	ADDRISS /	111 / 240 REC	C'D BY REGISTRAR AY 2 5 '59	CI-TELIN &	GNATURE	how to		
	and with the same	C/ 100 10 - 1 4/	IN TORIE		4	MALLA			

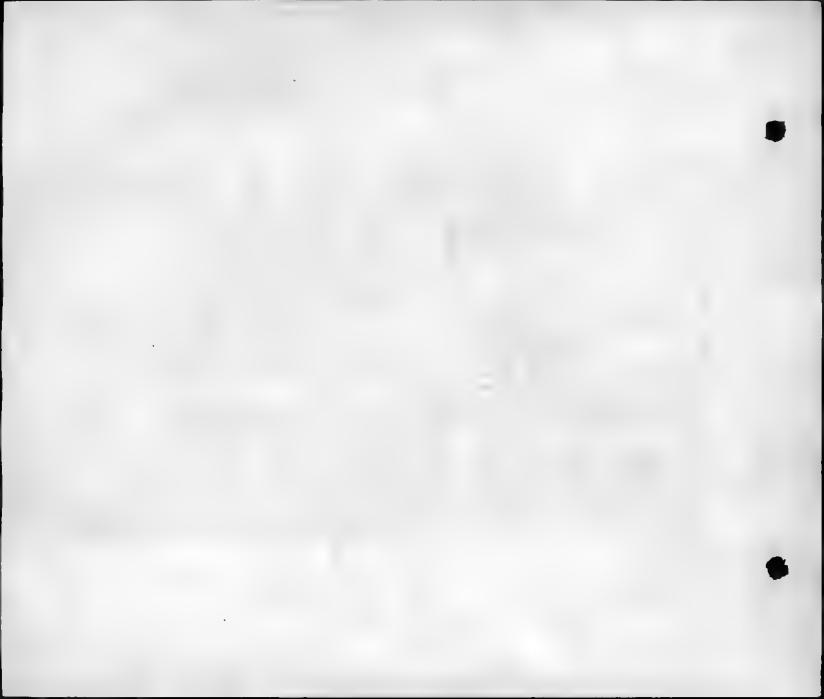


VS. A15ME 5M 2/57

MARYLAND:	STATE	DEPARTMEN	NT OF HE	ALTH-	BAL	TIMORE,	18
MEDICA	AL EX	AMINER'S	CERTIFIC	CATE	OF	DEATH	

05217

		The set that the set of the set o					
1	1. !	PLACE OF DEATH	2.		here deceased lived If in	stitution Residence I	before admission)
)		Gallenge "	MARYLAND	a. STATURAL	ulando	NTY ST	TErnose
	b	b. CITY OR TOWN (if outside corporate him is, write RURAL C. LENGTH O	F STAY IN 16	c. CITY OR TOXAL (III	ourside corporate l'igits, w	site RURAL and give	negrest lown)
	8	Luthervelle	, ,	Lux	hervil	le	
	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street	oddress)	d. STREET ADDRESS			e IS RESIDENCE
	/	1451 Bellma line	_	1431 /3	1 Elma	ane.	YES NO T
		3. NAME OF First Mi	ddle	Lost	4. DATE	onth Do	
		DECEASED	1an 1	1 men	OF GI	. 11	1859
	5. S	6. COLOR OR/RACE 7 MARRIED TI NEVER		7 7 7 7 7	9 AGE (In was	++	
		6 0 16 0 0 - 11	DRCED	. 111	lou buthdayly	Months Days	E TOPOTOTO CONTRACTOR OF THE PARTY OF THE PA
	10a	100. USUAL OCCUPATION (Give kind of work done 30b. KIND OF BUSIN)		11. BIRTHP ACE (SIGNAL)	of foreign country)		OF WHAT COUNTRY?
	d	doring most of working the even I retired	6	11 h	11/1/17		OF WHAT COUNTRY
	13.	13, FATHER'S NAME	jumily !	MOTHER'S MAIDEN N	any w, "	CEV.	_
1		1. Frances		MOTILE S MAIGEN IN	ame /		
	15.	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURE	TY NO TO MITO	MANT A	-core		f. 1 "
	[Yes,	(if yes, give wor or slates of service)	170	B. Selle	the Childe		dunce
				219 14	eddinks	RUM,	313
		18. CAUSE OF DEATH [Enter only one course per fine for (o), (b), and PART I. DEATH WAS CAUSED BY:	(c). ]	1//		OV.	TERVAL BETWEEN
	П	IMMEDIATE CAUSE (o)	17/03 1	4 ( 1	6 11551	ori.	udden
		4 20,1 DUE TO 1/		. /	7 /	.) 1	
		Conditions, if ony, which gove rise to immediate couse	deste	idred C	ander.	ROSEMF	
		(a), stating the underlying DUE TO	,	- 6		11,	8
		couse lost. (c) the 2	Cold	Cal Di	Alledon son	C	0-46-63
2	Ž	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERMIN	HALDISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY FERFORMED?
,	2	<u> </u>					YES NO 12-
	CERTIF	200. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY PRIMARY OF CONTRIBUTING	OCCURRED (Enter	noture of injury in Port	or Part II of Item 18.)		
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCUR! Hour o. m. 20d. INJURY OCCUR!		OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or Iown)	(County)	(Slote)
	MEI	2 p. m. 19 of work ☐ at work				ment and a	
		21. I certify that I took charge of the remoins des	cribed obove,	held an Autopsy	, Inspection	47 Inquiry	, and in my
		opinion death resulted from Notural couses []	Accident [],	Suicide . H	omicide [], Unde	termined monr	ner 🗍
		1.16.10		1/	-		
		SIGNATURE CLE LE LE THE	1072 126 CW	CHIEF MEDICAL EXA	MINER [		DATE SIGNED
				ASSISTANT MEDICAL	L EXAMINER	- 7	1 11 -
1		EXAMINER'S NAME (Type) ( ) 23 /P5 F-() 1	20 NING-1	DEPUTY MEDICAL E	KAMINER 🕒	1/	21/19
*1	72a	720. BLRIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF	CEMETERY OR CRE	MATORY /	22d LOCATION (City, tow	n, or county)	(Stole)
1	3	Brunal 5/28/59 The	rant :	Test 1	Tour	m, 1	rd.
-	236	BOUNT HAL DIRECTOR'S SIGNATURE CINCILL ADDRESS	come		BY REGISTRAR 246. RE	GISTRAR'S SIGNATI	URE
		1631 Dried Well	ane	DATE MA	Y 2 7 '59	Lithur & The	w/di



## 651

FOR STATE HEALTH DEPT.

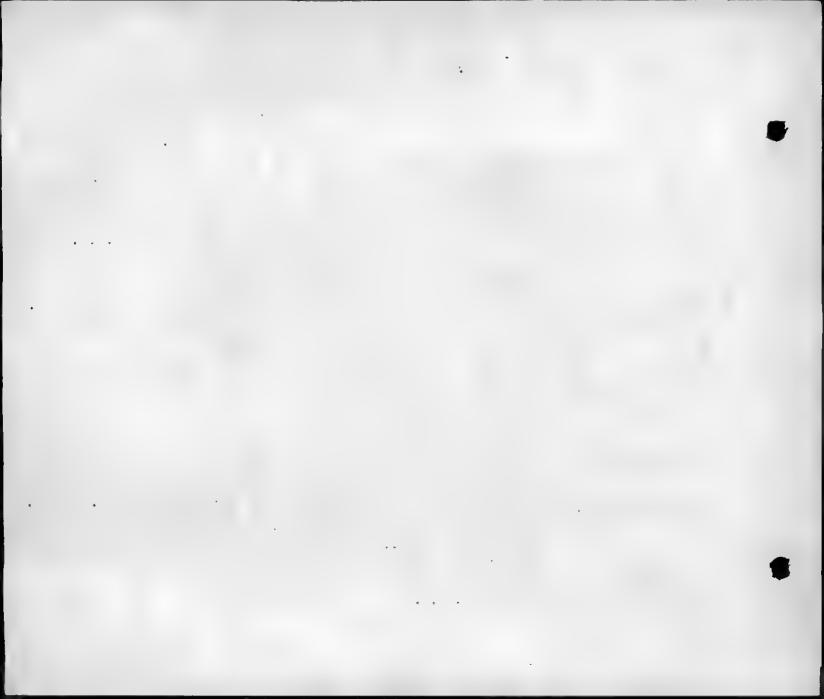
necessary, please of the second of the secon DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is ne execute the conficial, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be privated to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to FUNERAL DIRECTOR: Page 3 should be esed as a byrial-transit permit. File mages 1 and 2 with the State B.C. or its designated agent, prior to burial, cremation, or remaval, and in gay after within 72 hours after death.

=	=
٧S	ATSME
5N	2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05218 Reg. Dist. No.

_		****		10 3 mg/					mer arranged to the contract of the contract o		
1, PLA	CE OF DEATH		3	288	11	2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admiss on)					
		imore		MARYLA	IND O STATE	o STATE New York b. COUNTY					
b. C	ITY OR TOWN (III	outside corporate limits, write	e RURAL	c LENGTH OF STAY IN	1b c. CITY	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	Chas					New 1	(ork		, ,		
d N			If not in hosp	stal, give street address)	d STREE	ET ADDRESS		· · · · · · · · · · · · · · · · · · ·		S RESIDEN E	
	Rura	d	-			Stuyy	resant (4	10 E.	20th St	S NO	
3 NAI	ME OF CEASED	Fire	at	Middle	1	Losi	4. DATE OF	Month	Doy	Yeor	
	pe or print)		CILLE H		DOZI	ER	DEATH	May	12,	19 59	
5. SEX	-	6. COLOR OR RACE	7 MARRIEL	D T NEVER MARRIED	B DATE OF BI	RTH	9. AG		FUNDER TYEAR IF L	matter-trap and un	
l .	emale	White	WIDOWED				09 100	yrs.	Aonths Days Ho	m. Min.	
10a U	SUAL OCCUPATIO	N (Give kind of wark	done 10b KI	ND OF BUSINESS OR IN	DUSTRY 11. BIRTH	IPLACE (Stote	or foreign country)		12. CITIZEN OF WE	AT COUNTRY	
durir	Housewi	Life, even if refired)			Br	ooklyn	, New c	rk	U. J. A.	•	
	THER'S NAME					R'S MAIDEN N			<u> </u>		
		Patrick	Have	S		Irene					
15 W/	AS DECEASED EVE				17 INFORMANT			Address			
		(If yes, give wor or dates of		-	Johns-Ri	Sout F	uner l		Birr in thu	n.ala.	
-	<u></u>				es are ar		CITCE ALL I	_ , .	***	-	
18.		H [Enter anly one cou	use per line fo	ar (o), (b), and (c). ]					INTERVAL E	DEATH CENTER	
	FARE I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	Mul	tiple_extrem	<u>ie injuri</u>	.05					
	861X	DUE TO									
C.	enditions, if an	ry, which ) (6)	1								
	ave rise to immed										
	a), stating the u	(c)	1								
z   -	PART II, OTH			NTRIBUTING TO DEATH B	BUT NOT RELATED	TO THE TERMIN	NAL DISEASE CON	DITION GIVEN	IN PART 1(0) 19. W	AS AUTOPSY	
CERTIFICATION			_						YES I	RFORMED?	
U 20	a. EXTERNAL CAU	SE WAS 20	DESCRIBE	HOW INJURY OCCURRE	D (Enter poture o	f insury in Post	Lor Port II of Hon	10.1	1 (2.3)		
	IG. EXTERNAL CAU RIMARY (A or CON AUSE OF DEATH.	TRIBUTING 🗆					TO TOTAL THE	,			
	c. TIME OF INJUR		ns 20d Ib	Airplane	crasn	Y Home Jorn	205 (6)10 00 100	-1	16-matel		
WEDICA!	- Hay MOEX		While	Mar Lile	factory, street, of	tice bide at 1	ANT. (CITY OF NOW	m)	(County)	15 4 -4 - 5	
		of to on		Norwhile				-	20-7-4	(Stole)	
	5115 p.m.			k ot work	Air over	farm	Chas	е	Balto.	(State) Md.	
21				emoins described	Air over	farm	Chas	e lion [],	Balto.	, ,	
1 1	1. I certify th	of I took charge	of the re	k ot work	Air over	farm on Autopsy	Chas	tion [],		Md.	
1 1	1. I certify th	of I took charge	of the re	emoins described	Air over	farm on Autopsy	Chas	tion [],	Inquiry	Md.	
oj	1. I certify the pinion death	of I took charge	of the re	emoins described	Air over	farm on Autopsy	j Chas ☑3. Inspectionicide □.	tion [],	Inquiry	Md.	
oj	1. I certify the pinion death	of I took charge	of the re	emoins described	Air over above, held o	farm on Autopsy iide , H	j Chas ☑3. Inspectionicide □.	tion [],	Inquiry	Md.	
O;	1. I certify the pinion death care and	ot I took charge resulted from: I	Natural co	emoins described ouses . Accide	Air over above, held o	F ALTER AUTOPSY  THE	Chas Tall, Inspection Comicide  AMINER  ALEXAMINER	tion [],	Inquiry	Md.	
OJ A SI E)	1. I certify the pinion death cruat ignature.  XAMINER'S IAME (Type)	of I took charge	of the re Natural co	emoins described of ouses . Accide	Air over above, held o ent X, Suic CHIE ASSIS DEPU	F MEDICAL EX	Chas Inspectionicide  AMINER  EXAMINER  XAMINER	Undetern	Inquiry, nined monner	Md. and in my  TE SIGNED	
A SI	1. I certify the pinion death cruat ignature.  XAMINER'S IAME (Type)	charles C	of the re Natural co	emoins described ouses . Accide  DORME  BIL, M.D.  22c NAME OF CEMETERY	Air over above, held a ant X, Suic ASSIS DEFU Y OR CREMATORY	F MEDICAL EX	Chas  ZA, Inspection in the control of the control	Undetern	Inquiry, nined monner [	Md.	
A SI	1. I certify the pinion death cartal ignature (IGNATURE STAME (Type)  W.A.A. CREMATION EMOYAL Spe. 191	charles Charles Dale DATE THEREO	of the re Natural co	emoins described ouses . Accide  ON M.D.  22c NAME OF CEMETERY  21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Air over above, held a ant X, Suic ASSIS DEFU Y OR CREMATORY	TERM ON Autopsy ide	Chase Aminer Chase Chamicide Chaminer C	Undetern	Inquiry	Md. and in iny  TE SIGNED	
220. BI RE	1. I certify the pinion death pinion death cartage was a second of the pinion death cartage with the pinion death cartage was a second of the pinion death cartage with the pinion death cartage was a second of the pinion death cartage with the pinion death cartage was a second of the	charles Charles Dale DATE THEREO	Natural co	emoins described ouses . Accide  DORMER  ACCIDE  ACCIDE  ADDRESS	Air over above, held a ant X, Suic ASSIS DEFU Y OR CREMATORY	TERM ON Autopsy ide	Chase Aminer Chase Chamicide Chaminer C	Undetern  City, town, or the first	Inquiry, nined monner [	Md. and in iny  TE SIGNED	



# OR STATE ALTH DEPT. your files. d of Health, **TO DEPUTY MEDICAL EXAMINER:** This certificate should be executed within 24 hours after death. If any de oy is no execute the case, writing the ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be carded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Ba ar its designated agent, prior to burial, cremation, or removal, and in any great within 72 hours after death.

4 should be

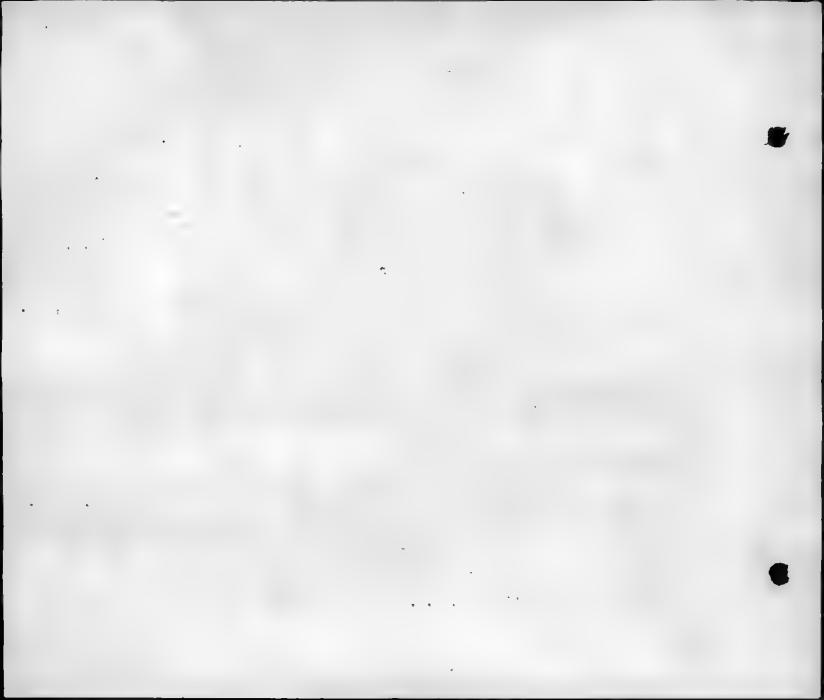
VS A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05219

Rea. Dist. No.

1. PLACE OF DEATH o. COUNTY Bal	timore	52	45 MARYLAND	2. USUAL RESIDENCE (	Where deceased live York	ed. If institution: I b. COUNTY	Residence before a	idmiss on)
b. CITY OR TOWN (III and give neares fower Cha		e RUPAL C	LENGTH OF STAY IN 16	c. CITY OR TOWN (I	York	limits, write RURA	L and give nearest	flown) 🗸
d NAME OF HOSPIT	al or institution (	If not in hospite	ol, give street address)	d. STREET ADDRESS	yvesant)	410 E.20	th St	IS RES D. NCF ON A FARM? 5 NO NO
3. NAME OF DECEASED (Type or print)	Fa <b>Ori</b>		Middle T	Dozier	4. DATE OF DEATH	Month May	12,	Year 19 59
5. SEX MALL	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED   B		906 5	GE (In years   IF UN   Mont	NDER TYEAR IF U	4.
during most of working Present	ON (Give kind of working life, even if retired)		ony Oil Comp		er foreign country Labama	1) 12	U'S. A	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		-	
	Dr Bryon	Dozie	r	Iduma I	Doyle			
15. WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give war er dates of			nns-Rilout	Funera	Address 1 Host, B	irmiagh	m, ala
	TH [Enter only one co TH WAS CAUSED BY, IMMEDIATE CAUSE (o DUE TO		(o). (b). and (c) } ple extreme i	njuries			INTERVAL BE ONSET AND	ETWECH Chrash
Conditions, if a	iny, which) to	}						
gove rise to imme (o), stating the							İ	
couse lost.	(c	)						
PART II. OTI	HER SIGNIFICANT CON	IDITIONS CON	TRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	NINAL DISEASE CON	NDITION GIVEN IN	PART 1(a) 19, W. PEI YES (1	RFORMED?
	NTRIBUTING 🔲 📫		ow injury occurred (R	rash				
7 20c. TIME OF INJU			URY OCCURRED 20e. PLA Not while of work	CE OF INJURY (Home, for cry, street, office bidg., ex in over fam.)	5)		Balto.	(Stote) Md.
21. I certify t	hat I took charge	of the rer	mains described abo	ve, held an Autop	sy 🗷 , Inspe	ctran 🔲, In	quiry [],	and in my
opinian death	resulted fram:	Natural car	uses . Accident	X), Suicide ,	Hamicide [],	Undetermin	ed manner [	
ACTUAL SIGNATURE	hacle	102	mell		-		DAT	TE SIGNED
EXAMINER'S NAME (Type)	Charles	O'Donne	11, M.D.	ASSISTANT MEDICAL	-		/12/	159
220. BURIAL, CREMAT C REMOVAL (Specify			Elmwool C		1	(City, town, or cou		Store)
23. FUNERAL DIRECTOR			ADDRESS		'D BY REGISTRAR	246 REGISTRAR		
		1317	St. Paul St		AY 1 5 '59	Calling		
							TO THE WAR	



VS A15ME BM 2757

CERTIFICAT			Par Diet Ne	05220
2 USUAL RESIDENCE (V	Vhere deceased	flived It institu	Reg. Dist. No ition: Residence be	
o STATE MILES	named.	6 COUNT	A	
c. CITY OR TOWN (IF		rote limits, write	RURAL and give n	earest town)
Kansa	as City		1	
d STREET ADDRESS	0 10			ON A FARM
Hill East 5	5th St	reet _		YES NO
Lost	4. DATE OF	Monti	Doy	Yeor
NNBAUER	DEATH	May	12	159
DATE OF BIRTH		. AGE (In years lost berthday)		IF UNDER 24 HRS
Dec. 3, 1923		35 yrs	Months Days	Hours Min
RY 11. BIRTHPLACE (Slote	ar foreign cou	intry)	17. CITIZEN O	F WHAT COUNTRY
N. Y.				
14. MOTHER'S MAIDEN N	IAME		2.24	_
Elsie	(unkn	own)		
NFORMANT		Address		city, Mo.
rs. Jamesana	Drannb	auer - l	447 E. 55	th St.
			TINTEL	IVAL BETWEEN ET AND DEATH
e injuries				
				-
NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(0)	9. WAS AUTOPSY PERFORMED?
				YES 🙀 NO 📋
inter noture of injury in Porl	1 or Part II of	Item 18 }		
crash				
CE OF INJURY (Home, form ory, street, office bldg., etc.	20f (City o	r town)	(County)	(State)
r over farm		0	Balto.	Md.
ve, held on Autops	y 💢, Ins	pection,	Inquiry 🗌	, and in my
X , Suicide , I	lamicide [	. Undete	rmined monne	er 🗌
_M.D. CHIEF MEDICAL EX	AMINER .		17	DATE SIGNED
ASSISTANT MEDICA	AL EXAMINER		5/1	V/19
DEPUTY MEDICAL I	EXAMINER 🔼		/	10
CREMATORY	22d. LOCATIO	ON (City, town, s	or county)	(Stole)
Cem.	Kansa	s City.	Missouri	
The 1-4 MAIN.	D BY REGISTRA	AR 246 REGIS	STRAILS SIGNATUI	RE
An I Man sal	V 1 5 150	1 0	thun & Hear	e de



VS A15 (4) 15M 10/57

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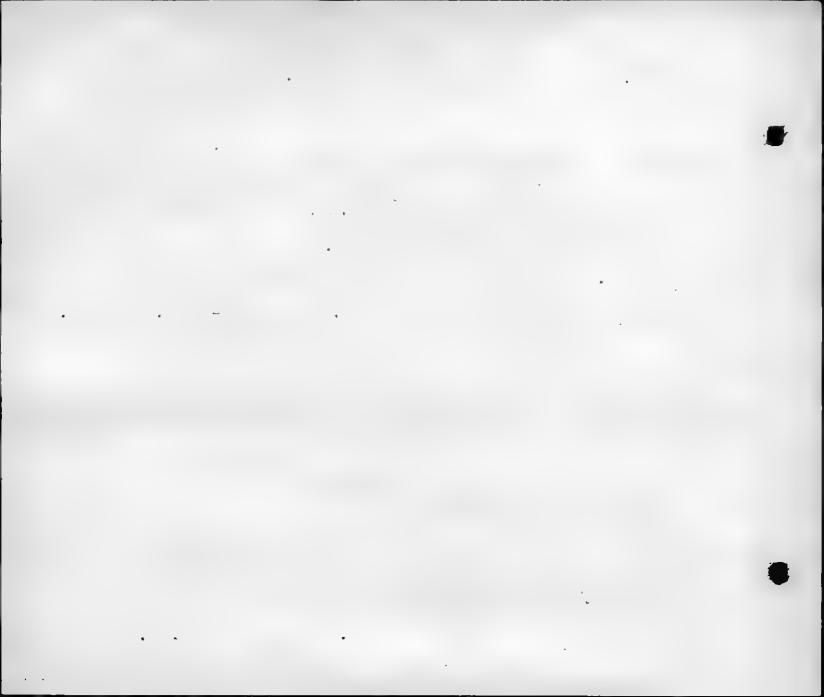
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5247 CERTIFICATE OF DEATH

05221

					Keg, Dist. No.
1. PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (W. D. STATE Md.	here deceased lived. If institution by COUNT	ulion Residence before admission)
b. CITY OR TOWN RURAL ond give Catons	(If outside corporate limits, nearest town)	write c. LENGTH OF STAY IN 16	e city or town (if Baltimore	outside corporate limits, write	RURAL and give nearest town)
	Nook Nursing		d. STREET ADDRESS 3927 Ridgew	rood Ave.	e. IS RESIDENCE ON A FARM? YES TO NO TO
3. NAME OF DECEASED (Type or print)	First LTIJ	Middle	DRYDEN	1	onth Day Yeor
5. SEX female	3.8.6	MARRIED NEVER MARRIED WINDOWED DIVORCED	B DATE OF BIRTH Feb. 13, 189	9 AGE (In year	Months Days Hours Min
10a. USUAL OCCUPAT during most of wi Homemal	printing me, even it retired!	at home			12 CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Robert	L. Dryden		Marion Weth	erill	
15. WAS DECEASED ET	VER IN U. S. ARMED FORCE		INFORMANT	Ac	ddress
no	(if yet, give wat or sales of terr	none	Mrs. John W	H111ams-2918	N. Rogers Ave.
Conditions, if gove rise to couse (o), stolin lying couse los	g the under-	TIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	SINAL DISEASE CONDITION G	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. O	VAS UNDERLYING   20	Ob. DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Port I or Port II of item 18.)	YES NO D
20c. TIME OF INJU	10	20d. INJURY OCCURRED While Not while of work of work	LACE OF INJURY (Home, for actory, street, office bldg, et	m, 20f. (City or town)	(County) (State)
21. I certify alive on	that I oftended the a may 30	leceased from about , 1259, and that death	19 50, to all 7:39	DPM, from the couses ADDRESS (Street, city or town	and on the dote stoted above.  DATE SIGNED  CONTROL  CONT
PHYSICIAN'S NAME (Type)	questan	- Highotein		3 ut. 1	hul
220. BURIAL, CREMATI REMOVAL (Specif Burial	ON, 20 DATE THEREOF	22c. NAME OF CEMETERY OF LOUDON Park		22d. LOCATION (City, lown Balto	
23. FUNERAL DIRECTO	P'S SIGNATURE .	address	//	D BY REGISTRAR 245 REC	GISTRAR'S SIGNATURE

Mick



15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Year

19

59

(Stote)

(Stote)



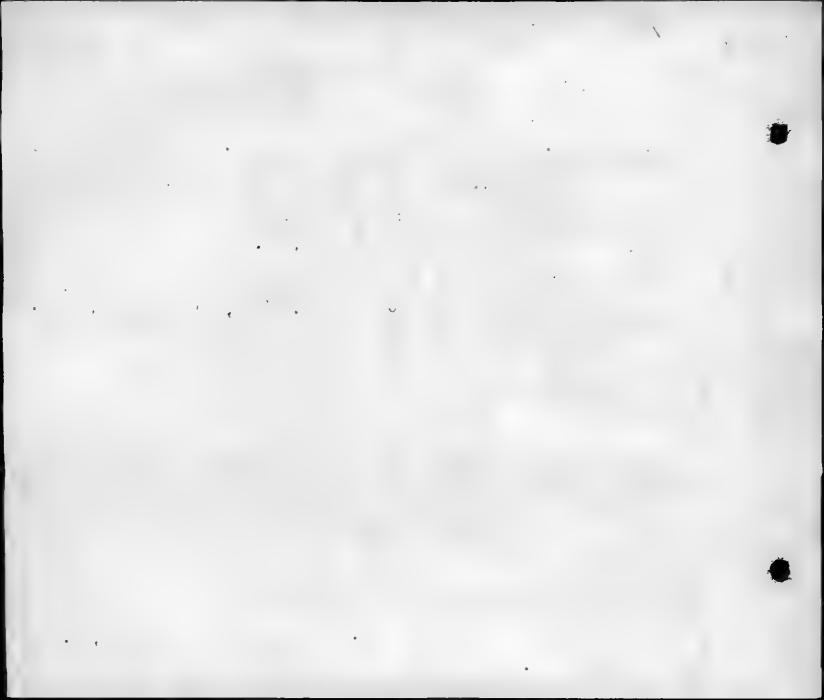
0	LACE OF DEATH COUNTY Baltimo:	ra		MAR	YLAND	2 USUAL RESIDENCE (W o. STATE Maryland	/here d	leceased				re odmiss	ion}
b City OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 1h							rest fown	Α					
(	Catonsvil	garest town) Le		1 mo. 17		Baltimore		Corpore	ne manie, wing a		give nec		4
_	NAME OF HOSPIT	AL (If not in haspital, g	rve street o			d STREET ADDRESS				Α	1	e IS RES ON A	IDENCE
	Spring (	Grove State	Hosp	ital		510 Rock Gle	en I	Road					FARM?
N	IAME OF	Fire	st	Middl	e	Lost		DATE	Mon	nth	Do	y '	l'ear
	(ype or print)	Avondale		Virgi		Duval1	1	DF DEATH	May		31		1959
. \$8	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARR	RIED B	DATE OF BIRTH		9	AGE (In years	IF UNDER		IF UNDE	R 24 HRS
	Female	White	WIDOWE	THE P		12- 25- 1878			AGE (In years lost birthday) O yrs	Months	Days	Hours	Min
a	USUAL OCCUPATION during most of work	DN (Give kind of work o king life, even il retired)	fone 10b. K	CIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE (Slote	e or for	reign cou	niryj	12 CI	TIZEN O	F WHAT	COUNTR
1	nousewife					Maryland	E				U.S	.A.	
F	ATHER'S NAME					14. MOTHER'S MAIDEN	NAME						
υ	inknown					unknown							
٧,	NAS DECEASED EVE	R IN U. S ARMED FOR	CES? 16 S	OCIAL SECURITY NO	O. 17. INI	ORMANT (SON)			Add	ress			
	nknown			nknown	Mr	· 1. Maitlan	ıd +	tuva.	ll Jr. 5	10 R	ock i	Glen	Rd.
1	18 CAUSE OF DEA	TH (Enter only one co	use per line	for (o), (b), and (c)	1.]						LINTS	RVAL RE	TWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	U	remia							ONS	ET AND	DEATH
	181.0	DUE TO									_		
	Conditions, if o		Bil	ateral hy	drone	phrosis							
	gove rise to i	mmediale (	Bil	ateral hy	drone	phrosis					+	-	
		mmediale (	Cr			phrosis urinary blad	der				-		
No.	gove rise to i couse (o), stating lying couse last.	the under-	Cr	cinoma of	the 1				CONDITION GIV	EN IN PAR	17 1(o) 1	PERFO	NO [
: C	gove rise to i couse (o), stating lying couse last.  PART II. OTH	mediole DUE TO the under. (c) IER SIGNIFICANT CONI	Cr	cinoma of	the N	urinary blad	IINAL C	DISEASE (		'EN IN PAR	17 1(o) 1	PERFO	RMED?
CERT	gove rise to i couse (o), stating lying couse last.  PART II. OTH	mediole the under.  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER!	C r DITIONS CO	cinoma of	the 1  EATH BUT N  DCCURRED.	Arinary blad OT RELATED TO THE TERM (Enter nature of injury in	Part I	OISEASE (	I of stem 18.)			PERFO	RMED?
2	gove rise to it couse (a), stating lying couse last.  PART II. OTH  200. ACCIDENT WAON CONTRIBUTING (IF EITHER, NOTIFY)  700. TIME OF INJUR Hour o. m.	mediole the under.  (c) ter significant cond  (s) Underlying [] [] Cause of Death Medical examiner;	C r DITIONS CO 20b. DESCO r 20d. IN. While	CITIOMS OF	the 1  EATH BUT N  DCCURRED.	arinary blad	Part I	OISEASE (	I of stem 18.)		County)	PERFO	NO
MEDICAL CEXTIF	gove rise to i couse (o), stoting lying couse last.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR Hour o. m. p. m.	mmediole the under Due TO  HER SIGNIFICANT CONI  S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINERS  Y Month, Day, Yeo	C 1° DITIONS CO 20b. DESCI	CITIOMS OF	the 1  EATH BUT N  DCCURRED.  20e. PLACE foctor	Irinary blad OT RELATED TO THE TERM (Enter nature of injury in EE OF INJURY (Home, form ry, street, office bldg., etc.)	Part I	or Port I	I of item 18.) r town)	(1	County)	PERFO YES 🔀	RMED? NO [
MEDICAL CERTIFI	gove rise to i couse (o), stoting lying couse last.  PART II. OTH  20a. ACCIDENT WAOR CONTRIBUTING IF EITHER, NOTIFY  20c. TIME OF INJUR Hour o. m. p. m.  21. I certify th	Minediale the under.  DUE TO  (c)  IER SIGNIFICANT CONI  SUNDERLYING  CAUSE OF DEATH  MEDICAL EXAMINER;  Y Month, Day, Yea  19	C r DITIONS CO 20b. DESCI	CINOMA OF  DITRIBUTING TO DE  RIBE HOW INJURY OF  JURY OCCURRED  Not while  of work  d from Apr	the 1  EATH BUT N  DCCURRED.  20e. PLACE foctor  il 24	Irinary blad OT RELATED TO THE TERM (Enter nature of injury in E OF INJURY (Home, form iny, street, office bldg., etc., 19.59, to	Port I	or Port I	r town)	,that I	County)	PERFO YES (X)	(State
MEDICAL CER	gove rise to i couse (o), stoting lying couse last.  PART II. OTH  20a. ACCIDENT WAOR CONTRIBUTING IF EITHER, NOTIFY  20c. TIME OF INJUR Hour o. m. p. m.  21. I certify th	mmediole the under Due TO  HER SIGNIFICANT CONI  S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINERS  Y Month, Day, Yeo	C r DITIONS CO 20b. DESCI	CINOMA OF  DITRIBUTING TO DE  RIBE HOW INJURY OF  JURY OCCURRED  Not while  of work  d from Apr	the 1  EATH BUT N  DCCURRED.  20e. PLACE foctor  il 24	Irinary blad OT RELATED TO THE TERM (Enter nature of injury in EE OF INJURY (Home, form ry, street, office bldg., etc.)	Port I	or Port I	r town)	that I	County)	PERFO YES (X)	(State
MEDICAL CERTIFI	gove rise to i couse (o), stating lying couse last.  PART II. OTH  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20. TIME OF INJUR Hour o. m. p. m.  21. I certify th	SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Yeo  19  of 1 offended the	C r  Obb. DESCI  20b. DESCI  1 20d. IN. While of work  decease	CINOMA OF	the 1  EATH BUT N  DOCCURRED.  20e. PLAC foctor  11 21:	Irinary blad OT RELATED TO THE TERM (Enter nature of injury in EE OF INJURY (Home, form ry, street, office bldg., etc. , 19 59, to_ occurred at 3:30	Port I	or Port I	r town)  1 of stem 18.)  1 town)  19_59  the causes a et, city or town,	,that I and on t	County) last so	PERFO YES [2]	(State
MEDICAL CERTIFI	gove rise to i couse (o), stoting lying couse last.  PART II. OTH  20a. ACCIDENT WAOR CONTRIBUTING IF EITHER, NOTIFY  20c. TIME OF INJUR Hour o. m. p. m.  21. I certify th	SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Yeo  19  of 1 offended the	C r  Obb. DESCI  20b. DESCI  1 20d. IN. While of work  decease	CINOMA OF  DITRIBUTING TO DE  RIBE HOW INJURY OF  JURY OCCURRED  Not while  of work  d from Apr	the 1  EATH BUT N  DOCCURRED.  20e. PLAC foctor  11 21:	Irinary blad OT RELATED TO THE TERM (Enter nature of injury in EE OF INJURY (Home, form ry, street, office bldg., etc. , 19 59, to_ occurred at 3:30	Port I	or Port I	r town)  1 of stem 18.)  1 town)  19_59  the causes a et, city or town,	that I	County) last so	PERFO YES [2]	(State
MEDICAL CERTIFI	gove rise to i couse (o), stating lying couse last.  PART II. OTH  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20. TIME OF INJUR Hour o. m. p. m.  21. I certify th	SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Yeo  19  of 1 offended the	C r 20b. DESCI 20b. DESCI 20b. DESCI 20d. IN. White of work decease. 19_5	CINOMA OF  CINOMA OF  CINOMA OF  CINOMA TO DE  RIBE HOW INJURY OF  JURY OCCURRED  Not while  of work  defrom. Apr  2 and that  Lully	the 1  EATH BUT N  DOCCURRED.  20e. PLAC foctor  11 21:	Irinary blad OT RELATED TO THE TERM (Enter nature of injury in EE OF INJURY (Home, form ry, street, office bldg., etc. , 19 59, to_ occurred at 3:30	Port I  n, 200  Maj  PM, ADDR	or Port I  f (City o	r town)  1 of stem 18.)  1 town)  19_59  the causes a et, city or town,	(that I and on the state) HOSPI	County) last so	PERFO YES [2]	(State) deceased above.
MEDICAL CERTIFI	gove rise to i couse (o), stoting lying couse last.  PART II. OTH  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20. TIME OF INJUR Hour o. m. p. m.  21. I certify th  actual SIGNATURE  PHYSICIAN'S NAME (Type)	mmediole the under.  DUE TO  GER SIGNIFICANT CONI  SUNDERLYING	C r  Control of contro	CINOMA OF CENTRED TO DE CONTRIBUTING TO DE CONTRIBU	the 1  EATH BUT N  DOCCURRED.  20e. PLAC foctor  11 21 the death of th	LITINARY blad  OT RELATED TO THE TERM  (Enter nature of injury in  E OF INJURY (Home, form  ry, street, office bldg., etc.  19.59, to  occurred at 3:30  D. SPRING  Cato nsvi  CREMATORY	Port I  n, 20 c.)  Pay  PM,  ADDR  GR(	or Port I  f (City of City of	the couses of the couse of the	that I and on the state of the	County) last so he dat	PERFO YES [2]	(Stote deceased above testing)
MEDICAL CERTIFIC	gove rise to i couse (o), storing lying couse last.  PART II. OTH  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  700. TIME OF INJUR Hour o. m. p. m.  21. I certify the control of	mmediole the under.  DUE TO  GER SIGNIFICANT CONI  SUNDERLYING	C r DITIONS CO 20b. DESCI  20d. IN. While of work decease 19_5  CCC  hsle r	CINOMA OF  CINOMA OF  CINOMA OF  CINOMA OF  CINOMA OF  CURRED  Not white  of work  d from Apr  (2, and that  luly  . M. D.	the 1  EATH BUT N  DOCCURRED.  20e. PLAC foctor  11 21 the death of th	LITINARY blad  OT RELATED TO THE TERM  (Enter nature of injury in  E OF INJURY (Home, form  ry, street, office bldg., etc.  19.59, to  occurred at 3:30  D. SPRING  Cato nsvi  CREMATORY	Port I  Maj	or Port I  f (City o  y 31  from less (Sire  W E  28  LOCATIC	the couses of the couses of the couses of the couses of the couse of t	that I and on the stote) HOSP and or county) Ma	County) last so he dat	PERFO YES 2	(Stote deceased about Esign

MARYLAND STATE DEPARTMENT OF HEALTH\_RALTIMORE 19

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE EALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Heolth, MARYLAND Raltimore Marvland Baltimore Eles b. CITY OR TOWN I I suitable c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and aive regrest rown (20)Chase Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RECIDEN E ON A FARMS 30 Leslie Rd. 30 Leslie Rd. YES NO 3. NAME OF 4. DATE First **AATelelia** Month DECEASED DEATH (Type or print) 19 59 CARVILLE V. EARLE Mav 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In page) IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED [ Male 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? C USA Chase, Md. Retired DuPont Chemical 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages Edwards William G. Earle Anne fam. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT SON Address [Yez, no, or unknown] (If yes, give war or dates of survice) Earle, 410 Oak Court, Balt0.28 18. CAUSE OF DEATH [Enter only one couse per ling for (a), (b), and (c) INTERVAL PETWEEN DINSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, If any, which gave rise to immediate couse DUE TO (a), stoting the underlying cours lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101179, WAS AUTOPSY PERFORMED? NO L YES [7] 200. EXTERNAL CAUSE WAS PRIMARY [] IIII CONTRIBUTING [] CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18 ) 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) Hour a.m. --- Not while of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry []] opinion death resulted from: Natural causes Mr. Accident ... Suicide . Hamicide . Undetermined manner DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER [7] SIGNATURE ASSISTANT MEDICAL EXAMINER [7] EXAMINER'S should FUNER/ DEPUTY MEDICAL EXAMINER TOP NAME (Type) 22d LOCATION (City, town, or county) 220. BURIAL CREMATION, 226 DATE THEREOF REMOVAL (Specify) enezer Meth. whurch wemetery 40 162ke Runeral 101 Edmondson **ADDRESS** 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS ATSME DATMAY 1 1 '59 arthur & three 5M 2/57



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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR

VS A15 (4) 15M 10/57

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1	
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5252 **CERTIFICATE OF DEATH** 

Reg.	Dist	Mo
MAN.	L/ISI.	THU.

05225

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Baltimore MARYLAND	o STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Lutherville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Riderwood
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 332 Lincoln Avenue	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECRASED (Type or print) GEORGE WASHINGTON ECKERS	Lost 4. DATE Month Doy Year OF DEATH May 27, 1959 19
	B. DATE OF BIRTH  Jan. 10, 1889  9 AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS   Oxider   Oxider
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Gardner  Estate  13. FATHER'S NAME	Maryland USA
	14. MOTHER'S MAIDEN NAME
William Henry Eckers	Betty Justice
(Yes, no or unknown)   (If yes, give war or dates of service)	NFORMANT Address
	emily records
4221 DUE TO .	CULAR ACCIDENT 2 YRS  TIC CARDIO-VASCULAR DISENSE 10 YRS
ICATI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter nature of injury in Part 1 or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f (City or tawn) (County) (State) tary, street, office bldg , etc.)
21. I certify that I attended the deceased from JAN.  alive an MAY 26, 1959, and that death  ACTUAL SIGNATURE WILLIAM A. PILLSBURY  NAME (Type) WILLIAM A. PILLSBURY	accurred at 1:30 A.M. from the causes and on the date stated above  ADDRESS (Street, city or lown, state)  DATE SIGNED  M.D. TIMENIUM MD 5/28/59
220 BURIAL, CREMATION, 22b. DATE THEREOF SEMOVAL (Specify) Burial May 29,1959 Sater's Comet	(black)
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
John Burns' Sons, Towson, Maryland	DATE JUN 1 '59 Chilling & Kroug



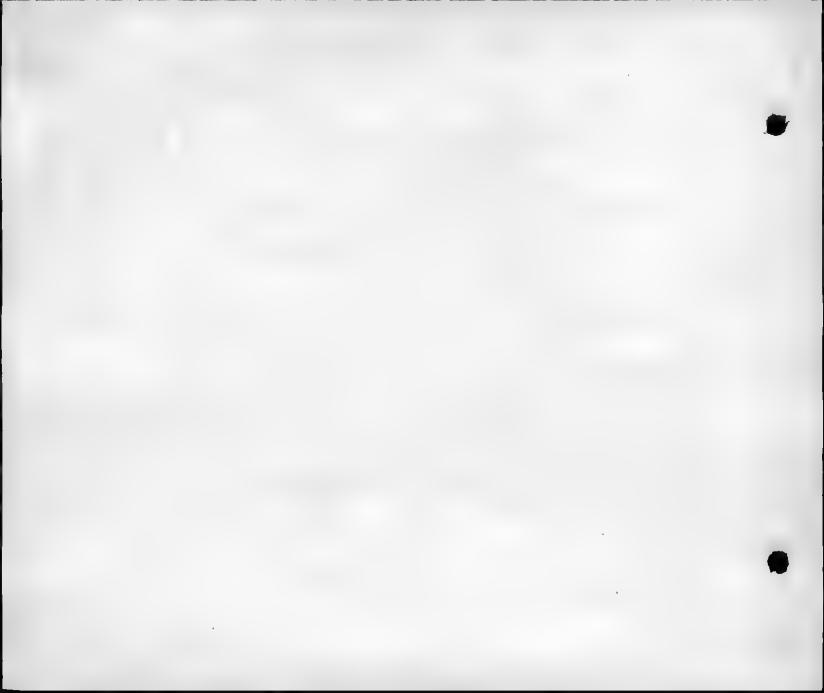
**CERTIFICATE OF DEATH** 5182 Reg. Dist. No director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY filed o STATE **b** COUNTY MARYLAND nero b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å RURAL and give negres! town) d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RES DENCE OR INSTITUTION ON A FARM? 0 þ  $\alpha$ YES NO .⊑ 3. NAME OF 4. DATE OF First Middle Day Lost Month Year filled DECEASED (Type or print) DEATH 190 9. AGE (In years last birthday) 5. SEX. 6. COLOR OR RACE MARRIED NEVER MARRIED DATE OF BIRTH FUNDER I YEAR IF UNDER 24 HRS Months Days Hours Min WIDOWED A DIVORCED [ USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Home and ban KSEWOTE ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician ( 9 nown DWN гетоме hours WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address offending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Á Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? YES 🗍 NO 🔯 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg , etc.] o. m. While Not while of work | at work 19 39, that I last saw the deceased Moura 21 I certify that I attended the deceased fram. detach and that death occurred at. M, from the causes and an the date stated above. 00 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE prior EDP FUNEXAL I PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMEJERY OR CREMATORY 22d. LOCATION (City, town, or county) pode (State) REMOVAL (Specify) emote 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Orthog & Knows VS A15 (4) 2 6 '59 15M 10/57

deoth: Page

certificate

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



## HEALTH DEPT

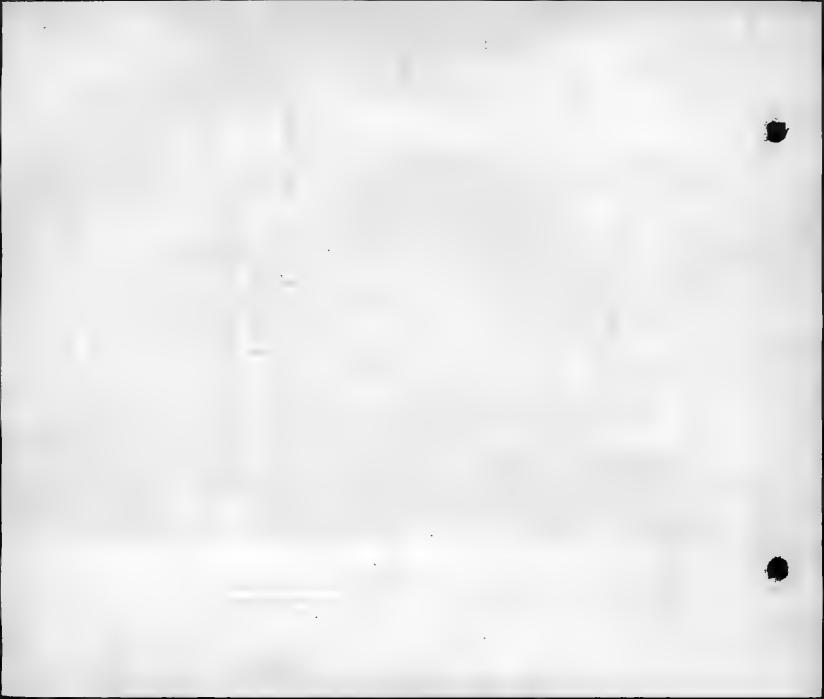
necessary, please for. Page for pur files. 800-3 of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is rexecute the configure. writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be produced to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, I and 2 with the State B or its designated agent, prior to burial, cremotion, or removal, and in any event within 72, hours after death.

VS A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05227

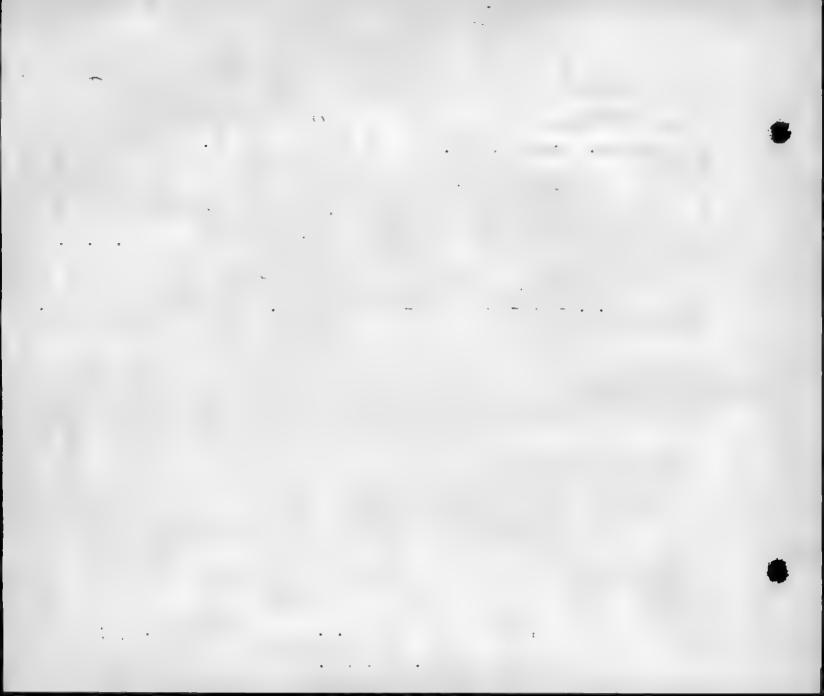
			Reg. Dist. No.
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before agreement)
		o. COUNTY Daltimore MARYLAND	a. STATE Ind b. COUNTY (Julie)
`.	Ь	b. CITY OR TOWN (If outside corporate fimils, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)
/		annestie	· Chinestie (Towson)
	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS  e. IS RESIDENCE ON A FAPAN?
		602 GUNUVOUR	602 CVER DITTOR YES NO DE
		NAME OF DECEASED First Middle	Loss 4. DATE Month Doy Year
		(Type or print) REOERICK CECIL	14 DEATH //ay 3/ 1959
	5, 5		DATE OF BIRTH  9. AGE (In roof: If UNDER 1YEAR IF UNDER 24 HRS Imported on Months Days Hours Min.
	10-	WIDOWED DIVORCED 7	el 23/888 // m
1		Suring most of working life, even if retried)	Y 11. PIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY?
) 4	//	nomer ball the rale a	Viantora Co Ma , 9 suc.
<b>'</b>	الهيدا	TATHER'S HAME	14. MOTHER'S MAIDEN NAME &
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INF	FORMANT COL NEW
		s, no, or unknown) (If yes, give war or dates al service)	R MAN F D El Address Server
	-	NO - 2/0-05-7232 X4, C	) Will Cay James
		18. CAUSE OF DEATH [Enter only one cause per lute for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN
		IMMEDIATE CAUSE (6)	1 CC/USION 9/4/5.
		4 a O . I DUE TO	
		Conditions, if any, which (b)	
		(a), stating the underlying DUETO	
	z l	· ·	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	CERTIFICATION		PERFORMED? YES NO
	TIFIC	200. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Ent	fer nature of injury in Fort 1 or Part II of item 18.)
		PRIMARY   ar CONTRIBUTING   CAUSE OF DEATH.	
	MEDICAL		E OF INJURY (Home, farm, 1201 (City or town) (County) (State)
	WED	Hour a. m. White Not white p. m. 19 at work at work	ry, street, affice bldg , etc.)
		21. I certify that I took charge of the remains described above	e, held an Autopsy . Inspection . Inquiry . and in my
		opinion death resulted from: Natural causes . Accident	, Suicide , Homicide , Undetermined manner
		1200	
		SIGNATURE CARLLET Ch Draill	M D. CHIEF MEDICAL EXAMINER
		EXAMINER'S VA. 1 FOID	ASSISTANT MEDICAL EXAMINER
		NAME (Type) / DVIES ( U LONNE	/ DEPUTY MEDICAL EXAMINER [] / 31/19
	220.	P. BUR AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR-C	REMATORY 27d. LOCATION (City, town, or county) 7 (Slote)
	200	Quinal June 41939 xorraine	ark Woodlawn Ma,
	13.	EUNERAL DIRECTOR'S AGNATURE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	1	TUSUIT SEMEUNSI XTINS CO 4905 YO	ON KEY DATE ST 2 59 Continue 9 4

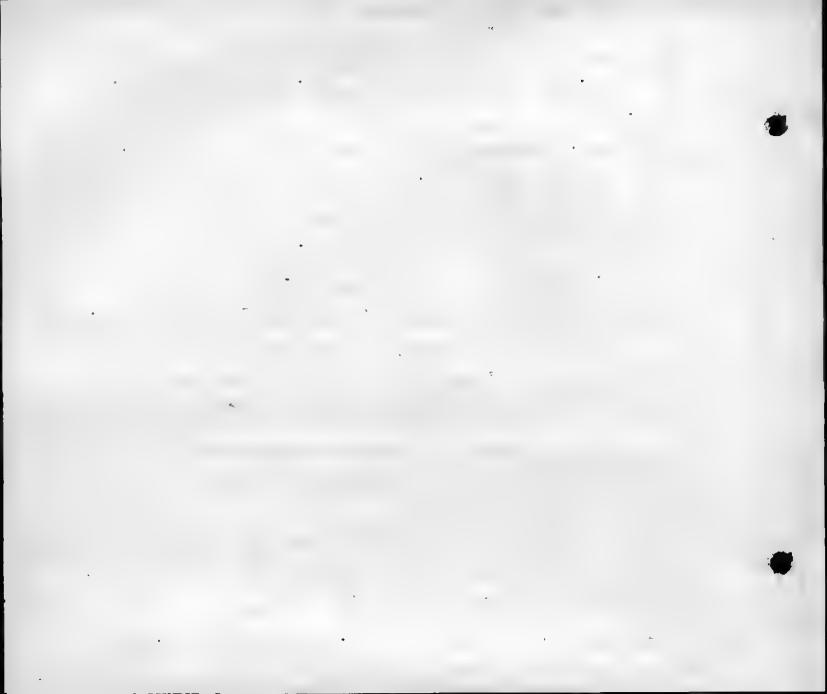


/ E#		5253 CERTIFICATE OF DEATH	Reg. Dist. No.
(M)	1.	PLACE OF DEATH  COUNTY  Raltimore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived o. STATE  MARYLAND	If institution Residence before admission) b. COUNTY
		Baltimore Md.	Baltimore
		c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)	mits, write RURAL and give nearest town)
**		or institution  Name Of Hospital (if not in hospital, give street address) OR INSTITUTION  709 Walker Avenue  709 Walker Avenue	e, IS RESIDENCE ON A FARM? YES NO
	3.	NAME OF First Middle Cost 4. DATE	Month Doy Yeor
		DECEASED Type or print)  MARY  T. ENGLE  OF DEATH	May 24, 19 59
	5. 9		E (In years IF UNDER I YEAR IF UNDER 24 HR
		female White WIDOWED DIVORCED Dec/10, 1872	86 yrs Months Doys Hours Min.
é	10a	USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) during most of working life, even if retired)	12 CITIZEN OF WHAT COUNT
deb		at home Md.	
offer	13.	FATHER'S NAME 14 MOTHER'S MAIDEN NAME	
2		William T. Fifer Mary Bailey	
<u>v</u>		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT	Address
72		Mrs. C. Roland Mays-203	l'idhurst Ed. Balto.l
-ti		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
3		PART I DEATH WAS CAUSED BY: Cerebral Thrombosis	ONSET AND DEATH
9		33/X DUE TO	
'n		Conditions, if ony, which ) Cerebral Arteriosclerosis	years
.c		gove rise to immediate Couse (a), stating the under-	
°p		lying cause last. (c)	
ovol. o	CATION	PAIR II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ar rem	CERTIFI	200 ACCIDENT WAS UNDERLYING OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of it of Contributing of Cause of Death (IF EITHER, NOTIFY MEDICAL EXAMINER)	item 18.)
tion	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town feeling), street, office bldg., etc.)	vn) (County) (Slote
ema	MEC	Hour a. m. While Not while of work of work	
, i		21. I certify that I attended the deceased from January 7, 1956, to May 24	1959 that I last saw the deceas
D		alive an May 21, 1959, and that death accurred at 7:15Pen, from the	causes and an the date stated abo
0		ADDRESS (Street, ci	
8		SIGNATURE of the control M.D. 7215 York Road,	Baltimore 12, Md 5/25/5
E /		BLIVESCALIE	- The first state was seen that the seen of the seen that seen of the seen of
atroi		PHYSICIAN'S S.J. Venable, Jr.M.D. Baltimore 12,	Maryland
E C	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (C	City, lown, or county) (State)
		REMOVAL (Specify) Burial May 27, 1959 Loudon Park Cem. Balto	- Md-
2			
4)		FUNERAL DIRECTOR'S SIGNATURE: ADDRESS ADDRESS 240. REC'D BY REGISTRAR DATAY 2 7 '59	246 REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

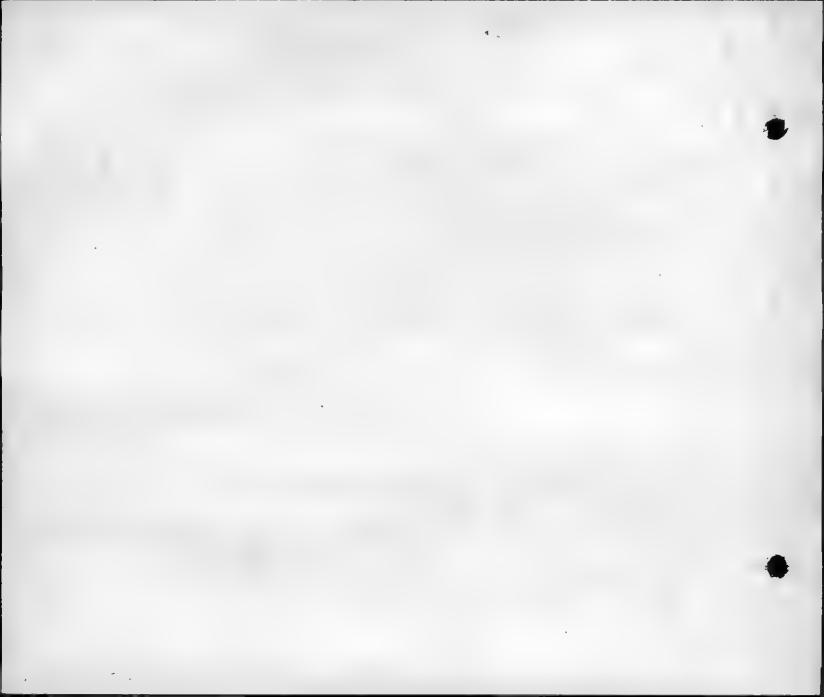
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			***	CERTIFICA	AIE OF L	EAIR	1		Reg. D	ist. No.	00	COI
	1. PLACE OF DEATH a. COUNTY	Baltimore		MARYLAND	2 USUAL RESID	Mary.		i lived. If institution b, COUNTY	on: Reside	nce before	e admiss	ion}
	b. CITY OR TOWN ( RURAL and give of Ca. ton S	If outside corporate limits, we earest fown) SVIII (E		of stay in is mthlldy s	e. CITY OR T		outside corpo	rote limits, write R	URAL and	give near	rest town	1) /
	d. NAME OF HOSPIT OR INSTITUTION SPRING GRO	TAL (If not in hospital, give	d STREET A		ford S	Street			ON A	FARM?		
	3. NAME OF DECEASED (Type or print)	First George		Middle	Fishe		4. DATE OF DEATH	Mon M	ay	B .		Year 19 55
	s. sex ma.le	6. COLOR OR RACE 7. White wi	MARRIED [] N	DIVORCED	8. DATE OF BIRTH April (	3, 18	92	9 AGE (In years lost birthdoy) 67 yrs.	IF UNDE Months	R 1 YEAR Doys	Hours	ER 24 HRS Min.
)	10a USUAL OCCUPATION during most of wor butches	ON (Give kind of work done king life, even if retired)	10b. KIND OF	BUSINESS OR INDU		ACE (Stole		ountry)		U. S.		COUNTR
/	13 FATHER'S NAME George	Fisher			14 MOTHER'S		Jones					
	15. WAS DECEASED EVE	R IN U. S ARMED FORCES' (If yes, give war or dates of service	1		ecords:	SPRI	NG GRO	VE STAT		0371	ML	
		ATH [Enter only one cause ITH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardio		ure					ONS	ET AND	DEATH DEATH
	Canditions, if a	ny, which (b)	arterio	scleration	c hear	f di	sease	?		Mo	iny	year
	couse (a), stating lying cause tast	(c)		nyotare						1/2	42	0.90
ŝ	I ¥ 1	HER SIGNIFICANT CONDITION OF THE PORT OF T	arte	Lioscler	0515				EN IN PA	RT 1(a) 19	PERFO	AUTOPSY PRMED? NO []
		AS UNDERLYING   206 CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HQ	W INJURY OCCURR	D. (Enter noture of	injury in I	Part I or Part	t () of item 18.)				
	ZOc. TIME OF INJUR			CCURRED 20e. Pl while for	ACE OF INJURY (I ctary, street, affice	tome, form bldg., etc	20f. (City	or town)		(County)		(State)
	21. I certify that I attended the deceased from Jan. 27, 1958, to May 8, 1959, that I last saw the deceased alive an May 8, 1959, and that death occurred at 1; 20p M, from the causes and an the date stated above											
	ACTUAL SIGNATURE	Exella M	lack	eller	M.D. SPI	RING	ADORESS (SI	reet, city or town,		. 1 TAI		ATE SIGNI
	PHYSICIAN'S NAME (Type)	STELL,	9 1	VACH.	SLERC,	tons	<u>ville</u>	28, Mary	La_n	<u>d</u>	578	3/59
	220 BURIA., CREMATIC REMOVAL (Specify)		22c N	ME OF CEMETERY C	PARK		BA.	LTO.	or county)	16.	(Stot	e)
	23. FUNERAL DIRECTOR	S. E/GNATURE	l'ar	macest		240. REC'	D BY REGIST			GNATUR Kense		

may be retaine the haspital or attending physician.

D FUNERAL DIF TR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should inched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremotian, or removal, and in any event within 72 hours after-death. TO HOSPITAL OR may be retoine TO FUNERAL DIA page 3 should VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4



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I

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05232

				CEKITIFIC	P 11		DEA	117			Reg. D	ist. No		
1. PLACE OF BEATH COUNTY Baltimor	е			MARYLAND	- 11	D. STATE	esidence (		deceased	b. COUNTY	_	lto.	ore admis	sion)
RURAL ond give n		its, write	c. LEN	NGTH OF STAY IN 16		e. CITY C	OR TOWN (	If outsi	де сопро	rote limits, write F	RURAL one	give ne	arest tow	n)
Fullerto				Life	12		uller							
or institution	tal (If not in hospitol, the Ave.	give street	oddress	)	1		T ADDRESS		h Av	e.			ON	FARM?
3. NAME OF DECEASED	fi	rst		Middle			Lost		DATE	Moi	nth	De	зу	Yeor
(Type or print)	Elsie		May	Fitc	-				DEATH	May 1,				19 59
5. SEX			_	NEVER MARRIED	8. D.	ATE OF B	IRTH			<ol> <li>AGE (In years lost birthday)</li> </ol>	Months Months		Hours	ER 24 HRS
Female	White	WIDOWI		DIVORCED 🔲			L900			59 yrs				
	ung itte, even it retired	done 10b.			USTRY					ountry)				COUNTRY
Housewif	e		At	Home	Is.		Balto.					U.S.	A	
					-   '		R'S MAIDEN							
Wesley F:	4/	ccca la		The second secon			<u>[innie</u>	Wo	lf					
(Yes, no, or unknown)	(If yes, give wor or dates of :		SOCIAL	SECURITY NO. 17.		RMANT				Add				
No				one	<u>J</u> c	ohn F	itch	_14	13 F	itch Ave	2			
	ATH [Enter only one co ATH WAS CAUSED BY:											ON:	ERVAL BE	DEATH
	IMMEDIATE CAUSE (c		rc:	inoma, R	<u>lgn</u>	t Bi	east:	; <u>, (</u>	per	ation.		27	rs:	3mo.
170 X	DUE TO		r.+.		α-		20.00		_					
Conditions, if o	mmediate (		46 P	astis to	Sp	ine	, Ric	os,	r'en	nur, et	S e			
couse (o), stating		)												
lying couse lost.	J (c	)(												
Z	HER SIGNIFICANT CON										/EN IN PA	RT 1(0) 1	PERFC	AUTOPSY PRMED? NO 🙀
THE EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE H	OW INJURY OCCURI	RED (Er	nter notur	e of injury i	in Port	l or Part	II of stem 18 )				
20c TIME OF INJUR Hour o.m.	Y Month, Day, Ye	ar 20d. It While of worl	N	ot while work	PLACE (	OF INJUR street, of	Y (Home, fo fice bldg., e	etc.)	Of (City	or town)		(County)		(Slote)
21. I certify th	at I attended the	decease	ed fro	Decem	ore	r 19 ]	L956	Me	v 1	19.5	9 that I	last co	ou the	decease
	ay 1,	. 19 5	. 0	, and that deal	h occ									
	-10	11	7	2-1						reet, city or town,		ine uu		ATE SIGNES
SIGNATURE_	10102	101	4	<del></del>	_ M.D	20	020 N	. C	har	les St			May	2,59
	George 4.		- 0 - 2	2						18, Md				
220. BURIAL, CREMATIO REMOVAL (Specify) BUILLAL	N. 226. DATE THEREC		22c. 1	NAME OF CEMETERY				220	LOCAT	ION (City, fown, o	or county)		(Stor	ej
		9			Fai	th C			Balt					
23. FUNERAL DIRECTOR	/ /	my.		DDRESS	ק ל	/	` A			RAR 246, REGIS				
1	while it als	11-00	a 24	17/11/1 //x		-	//	BERN		25 G I /	7 72	1 41		



VS A15 (4) 15M 10/57

ARY	LAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
ř	505	0		
1	UKU	O CEDTIEIC ATE	OF DEATH	

**CERTIFICATE OF DEATH** 

05233

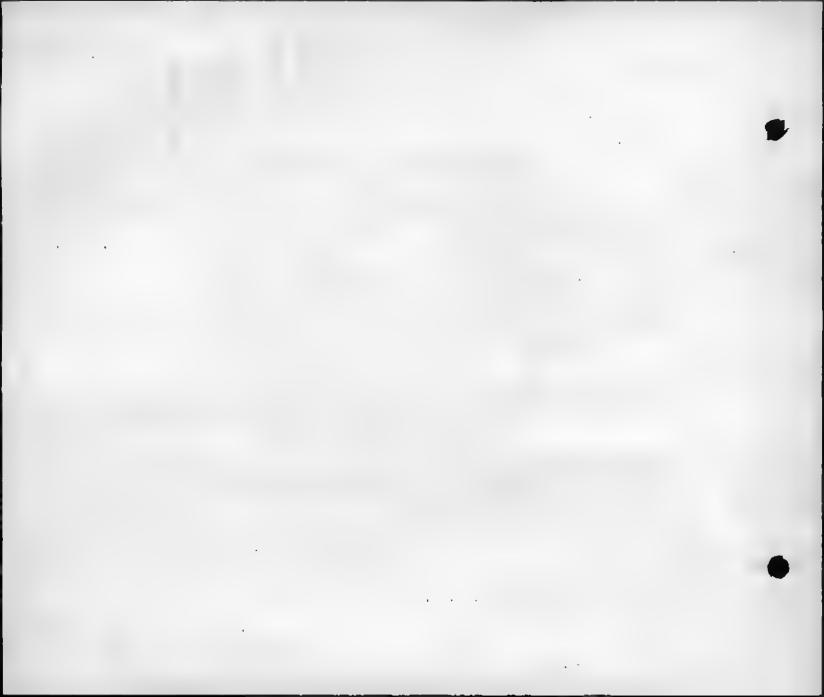
-	Reg. U								7151. NO.			
	1. PLACE OF DEATH COUNTY Balto MARYLAND						2. USUAL RESIDENCE (Where deceased lived if institution- Residence before admission) b COUNTY BELLOO					
	b. CITY OR TOWN ( RURAL and give n	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
$\vdash$	d. NAME OF HOSPI	LLLO  [AL (If not in hospital, i	live sire	ret oddress)		d STREET	Catons ADDRESS	sville	3			IS RESIDENCE
	OR INSTITUTION		,	. dr Quarezej		1 0. SINCE			1 5 1		1	ON A FARM?
-		atford Rd.		<del></del>		11 -	307 St		rd Rd.		Y	res 🔲 no 📋
	NAME OF DECEASED	fi	rsi	AAic	ldle		lost	4. DATE OF	A	Aonth	Day	Year
-	(Type or print)	EDWIN				FITZGE	4 M. 4 M	DEATH		May	31.	19 59
5.	SEX	6. COLOR OR RACE	1	ARRIED   NEVER MA	RRIED 🔲	B DATE OF BI	RTH		9. AGE (In year lost birthdo)			UNDER 24 HRS.
	male	white			RCED 🔲		2 <b>,</b> 1868		91 Y	T3	00);	10013 Mill.
100	D. USUAL OCCUPATION during most of work Engineer	ON (Give kind of work king life, even if relired ( Ttd)	done 1	"Balto" Ci	SOR INDU	STRY 11 BIRTH	Md .	or foreign co	ountry)	12 CI	ITIZEN OF V	WHAT COUNTR
13	FATHER'S NAME					14 MOTHE	R'S MAIDEN N	IAME				
	William	Fitzgerald					Louise	a				
15.	WAS DECEASED EVE	R IN U S ARMED FOR	CES?	6. SOCIAL SECURITY	NO 17	NFORMANT	and one of		A	ddress		
111	t. no. or unknown)	JIF yes, give war or dates of :	iervice[	no		Mrs. A	lhert F	R. Moh	ley an	307 5	t not fo	and Dat
-	18. CAUSE OF DEA	ATH [Enter only one co	use per		(c) ]	************		/ 1100		701 0		AL BETWEEN
		TH WAS CAUSED BY:		Correct	1/2009	1/2	at.	Tarl	und			AND DEATH
	Li *	IMMEDIATE CAUSE (				- /V	2 1/	7200-			6	mornita
	Conditions, if ony, which gove rise to immediate (b)								150	hoo		
	tying couse lost.	the under-	)									
z		J (c		CONTRIBUTION TO	Dr 4761 0111	NOT DELATED	TO THE TERM	144 DISS 100				
15	PART 11. O18	HER SIGNIFICANT CON	אטוווטו	IS CONTRIBUTING TO	DEATH BUT	NOI KELAIED	IO THE TERMIN	NAT DIZEAZE	CONDITION	GIVEN IN PA	1.7	PERFORMED?
5	20. 100:0517.11	To all the manufactures and	201 0	FCCDIOS MONTH IN THE			1.1.		u 4 u 1 u 1		Y!	ES 🔲 NO 🗾
L CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	206 U	ESCRIBE HOW INJUR	CCCURRE	D (taler noture	ot injury in P	art For Part	Il of item (B)			
MEDICAL	20c. TIME OF INJUR Hour o.m.	Y Month, Day, Ye	.	. INJURY OCCURRED	20e. PL	ACE OF INJURY	(Home, form,	20f. (City	or town)		(County)	(Stote)
MEC	p. m.	19	Whi of w	ile Not white or work	, ,	ciory, sirees, dit	ice blug., etc.,	'				
	21 I certify th	at I attended the	dece	ased from	man	104	2. to	man	3/ 105	79 11-11	Inst com	the decease
	alive an 2	na 2-7	10						the course	/c.,113U1 1	1021 20W	stated abay
	dire di	00	٠-، ١٠	7	ui dealli	decorred e			ree), city or low		ine date	DATE SIGNI
	ACTUAL SIGNATURE	Flag	(de	sleman		M.D	590	7 /4	Luzum	Oa	ly aux	6-2-3
	PHYSICIAN'S	V							0		,	
L	NAME (Type)								M. Mill date. We also se's 100 ann. son you you			
220	BURIAL, CREMATIO	N, 22b. DATE THEREC	)F	22c. NAME OF C	EMETERY O	R CREMATORY		22d. LOCAT	ION (City, fow	n, or county)		(Stote)
	Burial	6/3/59		Torraji	ne Pa	rk Cema		Woo	dlawn.	Md.		
23,	EUNERAL DIRECTOR	S SIGNATURE		ADDIRESS	1	7-6	240 REC'D	BY REGIST		GISTRAR'S SI	IGNATURE	
3/	VM - 4.	Viake	wi	- + Sous	- Ras	201/	DAMIN	3 '59	CI-	Thun &	4	
	0					Mick	40,000				4	



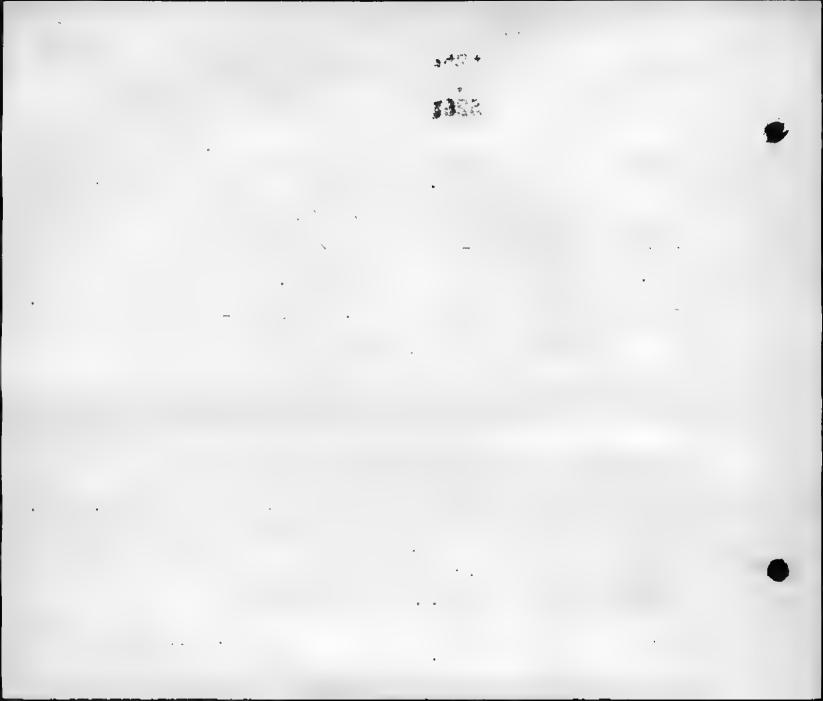
				HEALTH-BALTIMORE,	14
52	59	CERTIFICATE	OF	DEATH	

Reg. Dist. No. 15234

)	1. PLACE OF DEATH  o. COUNTY  Baltimore	MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE Maryland b. COUNTY						
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Catonsville	c. LENGTH OF STAY IN 15 3yrlOmth 23dys	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  Baltimore						
4	d NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION SPRING GROVE STATE HOSP		d street address 1000 Caton Avenue  e. is residence on a farm? YES \( \) NO \( \)						
	3 NAME OF First DECEASED (Type or print) Catherine	Middle	Flanigan  4. DATE Month Day Year OF May 1 1969						
	5. SEX 6. COLOR OR RACE 7. MARRI female white widower	_	8. DATE OF SIRTH  July 31, 1874  9. AGE (in years of UNDER 1 YEAR IF UNDER 24 HRS opt birthday)  Out yrs Months Days Hours Min						
	10c. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)								
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME						
	William J. Hanigan		Bridget Haddigan						
	(Yes no. or unknown) (If yes, give war or dates of service)		HIFORMANT Address Records: SPRING GROVE STAGE HOSPITAL						
<b>(</b>	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CO.	Generalized and DITRIBUTING TO DEATH BUT	Thot related to the terminal disease condition given in Part 1(o)  The phrosclerosis  f injury in Part I or Part II of item 18)						
	20c. TIME OF INJURY Month, Doy, Year 20d. IN While of work 21. I certify that I attended the decease	JURY OCCURRED 20e. PL Nat while for on work April	CLACE OF INJURY (Home, form, 20f (City or town) (County) (State) octory, street, affice bldg., etc.) (State)						
,	actual Stella Wall  ACTUAL SIGNATURE  PHYSICIAN'S Stella Wachsle:  NAME (1ype) Stella Wachsle:	lisler	h accurred at 1:55a M, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  DATE SIGNED  SPRING CROVE STATE HOSPITAL 5-1-59  Catonsville 28, Maryland						
4	23. FUNERAL DIRECTOR'S SIGNATURE  TURNEY  TURN	22c. NAME OF CEMETERY OF CALCAL LA ADDRESS							

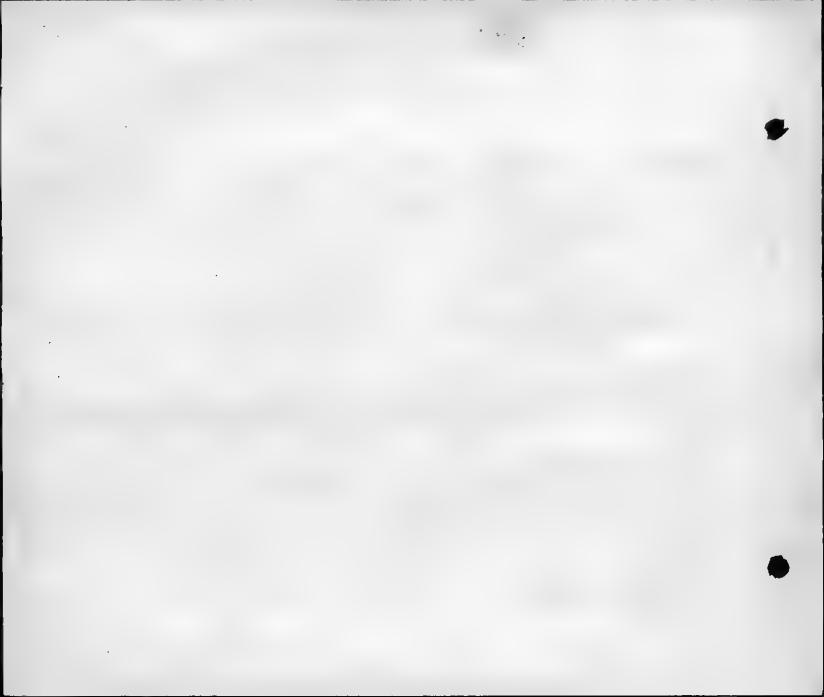


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY **6. COUNTY** Raltimore Michigan MARYLAND b CITY OR TOWN (If outs do corporate him/s, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) Dearborn Chase d. NAME OF HOSPITAL OR INSTITUTION ( f not in hospital, give street address) d STREET ADDRESS e IS REJIDENCE ON A FARM? Rural 12 Lamson Ct. YES NO Stat 3. NAME OF First Middle 4. DATE Lost Month DECEASED (Type or print) FLAHAVEN 19 59 Michael DEATH May 5. SEX 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IFUNDER TYEAR IF UNDER 24 HRS lost birthday) Months Days Hours WIDOWED [ male white DIVORCED [ 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHFLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) unknewnx Flight Officenthounlane Wi sconsin 13. FATHER'S NAME pages 14. MOTHER'S MAIDEN NAME Leo J. Flahaven Mary H. Graham 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Mich. ill was, give war or dates of service) Mrs. Mary Flahaven-12 Lanson Court, Dearborn, 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple extreme injuries IMMEDIATE CAUSE (0) X61X **DUE TO** Conditions, if any, which gave rise to immediate couse DUE TO (a), stoting the underlying couse fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G. VEN IN PAPT 1(6) 19, WAS AUTOPS used PERFORMED? YES TE NO F 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Fort II of Item 18) 20a, EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. Airplane crash 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f (City or town) (County) (Stote) factory street, office bldg , etc.) Balto. of work K of work Air over farm Chase Md. 21. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection | Inquiry . and in my opinion death resulted from: Natural causes 🗍, Accident 🛣 Suicide . Homicide [ ] Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE" ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Charles O'Donnell, M.D. DEPUTY MEDICAL EXAMINER TO NAME (Type) 220. BUR AL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or county) REMOVAL (Specify) Removala BUNERAL DIRECTOR'S SIGNATUR ADDRESS 24g, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS ATSME 5M 2757



decth.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



Poplar Grove

ADDRESS

FUNER, 2 VS A15 (4) 15M 9/55

NAME (Type)

220 BURIAL CREMATION.

REMOVAL (Specify)

22b. DATE THEREOF

WAS AUTOPSY PERFORMED? YES NO (State) (County) 2- 1907 That I lost saw the deceased My from the causes and an the date stated above. ADBRESS (Street city or town, stote 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (Stote) Cockeysville, Md. 24b REGISTRAR'S SIGNATURE 24g REC'D BY REGISTRAR York Rd., Towson 4, Md. Chilling & Kraus DATE MAY 6

Rea, Dist. No.

Months

e. IS RESIDENCE

ON A FARM? YES NO

Yeor

19

FUNDER FYEAR IF UNDER 24 HRS

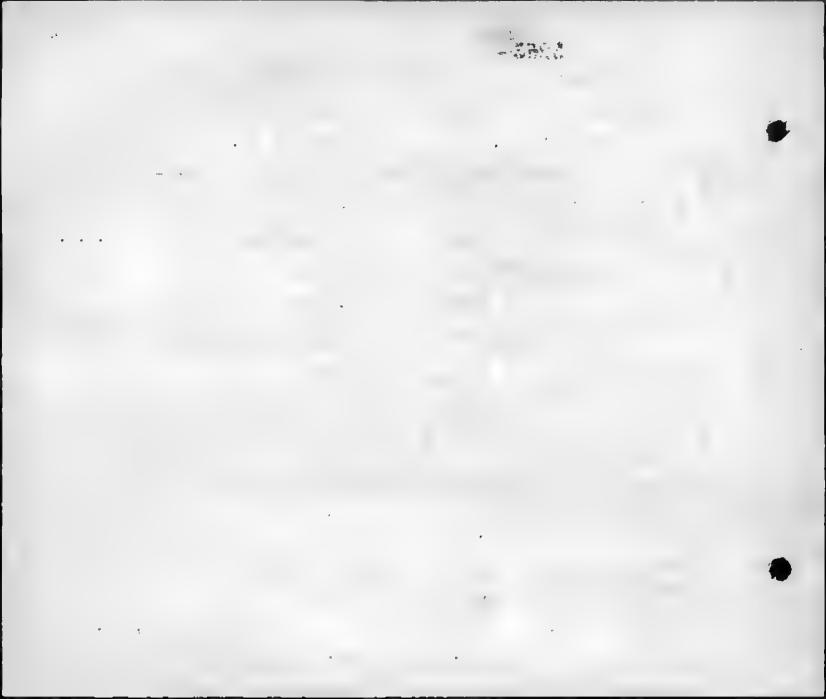
Hours

INTERVAL BETWEEN ONSET AND DEATH

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Doys



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 · 5263 **CERTIFICATE OF DEATH** director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. Il institution; Residence before admission) o. COUNTY filed o. STATE **b** COUNTY MARYLAND erol b. CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town) å RURAL and give nearest town) 몽 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NO 2 NAME OF First Middle 4. DATE Lost Month Yeor filled DECEASED OF DEATH (Type or print) ORWOOD 125 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS completely Months Days Hours WIDOWED DIVORCED | popers. yrs. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY death. during most of working life, even it retired) USEWERK pup rban after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician B 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT affending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** P HEART FAILURF Ē any Conditions, if any, which gned gove rise to immediate ě. **DUE TO** couse (a), stating the underand lying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removal, PERFORMED? YES NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) certificate 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) House 0. 11. While Not while of work of work p. m. 21. I certify that I attended the deceased from I that I last saw the deceased and that death occurred at 2145 L.M. from the causes and on the date stated above. ADDRESS (Street, city or town, stota) DATE SIGNED ACTUAL shoul PHYSICIAN'S TO FUNERAL ന 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote) REMOVAL (Specify) Moreland Baltimore Buria - Memorial III FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAY 1 2 '59 VS A15 (4) 15M 9/55 arthur S. House Stansbury 6411

haurs after death. Page

within



5170 CERTIFICATE OF DEATH

Reg. Dist. No. (15239)

I.	OTI	,			Reg. Dist. No.				
ſ	1. PLACE OF DEATH  • COUNTY		2 USUAL RESIDENCE (Wh	ere deceased lived. If instituti	on: Residence before admission)				
1	Baltimore	MARYLAND	Md. Baltimore						
I	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF o	utside corporate limits, write R	URAL and give nearest lawn)				
1	Dundalk		53 Dund	alk					
Ì	d. NAME OF HOSPITAL (If not in haspital, give street of INSTITUTION	oddress)	, d. STREET ADDRESS		IS RESIDENCE     ON A FARM?				
	7907 Shore Ro	oad	7907	Shore Road	YES NO				
ſ	3. NAME OF First DECEASED	Middle	Last	4. DATE Mon	th Doy Year				
1	(Type or print) WILLIAM	RAYMOND FRE	EITAG	DEATH May	31, 19 59				
Γ	S. SEX 6. COLOR OR RACE 7. MARR	IED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE [In years lost birthdoys	Manths Doys Hours Min				
E	male white woow	DIVORCED	Jan.16,190	I low by thid oyl	Manths Doys Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State	or fareign country)	12. CITIZEN OF WHAT COUNTRY				
	Carpenter Cummins	s & Hart Cor	str. Balt	o. Md.	U.S.A.				
Υ	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	_					
J	William Freits			na Remmers					
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, (Yes, no. or unknown)   (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Add	resi				
Į		-10-2454 F	Regina Kaspa	r Freitag, W	ife,above				
-	18. CAUSE OF DEATH [Enter only one cause per lin	ne far (a), (b), and (c).]	2 4 11.	. 10	INTERVAL BETWEEN ONSET AND DEATH				
-	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	enerolezed	metastis	15 07 Jan	(010 154 car				
	138.0 DUE TO			,					
-	Canditions, if any, which } (b)								
-	gave rise to immediate cause (a), stating the under:								
	lying cause last. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
1	5				YES NO 1				
- 1	OR CONTRIBUTING CI CAUSE OF DEATH	CRIBE HOW INJURY OCCURRI	ED, (Enter noture of injury in f	Part I or Port II of item 18.]					
-1			LACE OF INJURY (Home, form inclary, street, affice bldg., etc.		(Caunty) (Stole)				
1	Hour o. m. While of work	k at work	receipt trices, attitue biog., etc.						
-1	21. 1 certify, that I attended the decease	ed from may 2	0 1937 10	man 3/ 195	2,that I last saw the deceased				
1	alive on 2007 3/ 195				and an the date stated above				
1	7.0	n - /	P -	ADDRESS (Street, city or town,					
	SIGNATURE // OZZAS 4	· Jacoh	M.D / 010	but b	oint Pal 6/2/13				
	PHYSICIAN'S MOMPIS A.	· Vocob	s B4	/timerr	24 hy				
	22a. BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C	OR CREMATORY	22d LOCATION (City, town,	ar county) (State)				
	Burial 6/1/59	Holy Rede	amer Cem.	Baltimore	_Md.				
	22 FUNERAL DIRECTOR'S SIGNATURE ENT Schimungk Funeral	ADDRESS		D BY REGISTRAR 245 REGI	STRAR'S SIGNATURE				
	2601-3-5 E. Madis	on St.	DATE	JUN 4 '59	arthur S. Hrace				

funeral director, mould be filed with O FUNERAL S. TOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remains carbon moments. Momes I and the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death. by the hospital or attending physician. TO FUNERAL

1

ATTENDING HHYSCIAN: IT slow requires that the Least certificate be executed within 2 hours after South. Note &

TE HOMETAN OR

VS A15 (4) 15M 9/S5



VS A15 (4)

15M 10/57

Conditions, if any, which gove rise to immediate

couse (o), stating the under-

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

lying cause last

20c. TIME OF INJURY

alive an\_

ACTUAL SIGNATURE

NAME (Type) / 220. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Hour a.m.

p. m.

MEDICAL CERTIFICATION

DUE TO

Day, Year

21. I certify that I attended the deceased from May 9th

226. DATE THEREO!

bence Lodin or

While

20d. INJURY OCCURRED

at work of work

Not while

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

	MENT OF HEALTH—BALTIMORE, 18	(A) PM = -
5264 CERTIFIC	ATE OF DEATH Reg	. Dist. Na. 241)
PLACE OF DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Reson STATE b. COUNTY Baltimo	
b CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
Catonsville 1 yrllmo.26da	ars X Baltimore	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
Spring Grove State Hospital	0737 Dogwood Rd.	YES NO D
NAME OF First Middle DECEASED (Type or print) ETTIO St	Lest 4. DATE Menth OF DEATH May	Day Year 10th 19 59
Male white WIDOWED DIVORCED		IDER TYEAR IF UNDER 24 HRS
USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)		CITIZEN OF WHAT COUNTRY?
CAPPINTER RETIFED	Maryland	J.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Alfred Frizzell	Ballinger	•
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  10. DO. of uninounia (if you give wor or dotes of service)	HOUSILLA Rezer	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ]	2 . 3	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: HELE LE	eriture_	ONSET AND DEATH
DIFTO O		/

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19

206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.)

20e. PLACE OF INJURY (Home, form,

factory, street, office bldg., etc.

+ 226 Ola SPINA

to May 16

24a, REC'D BY REGISTRAR

DATE MAY

20f. (City or town)

ADDRESS (Street, city or town, stote)

22d. LOCATION (City, lown, or county)

24b REGISTRAR'S SIGNATURE

Orthur S. Frank

\_\_\_, and that death accurred at 8:20AM, from the causes and an the date stated above.

WAS AUTOPSY PERFORMED?

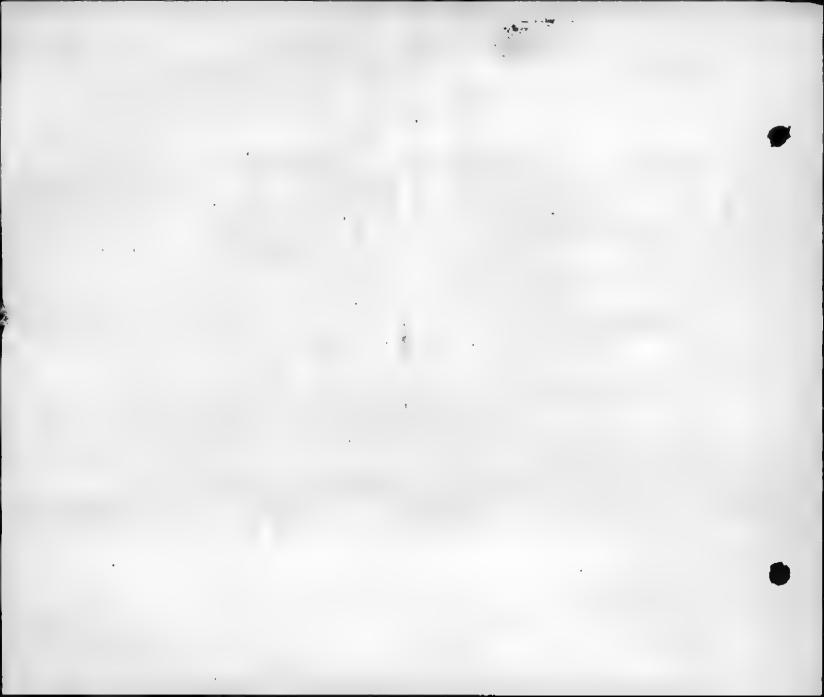
YES TO NO D

(Stote)

(State)

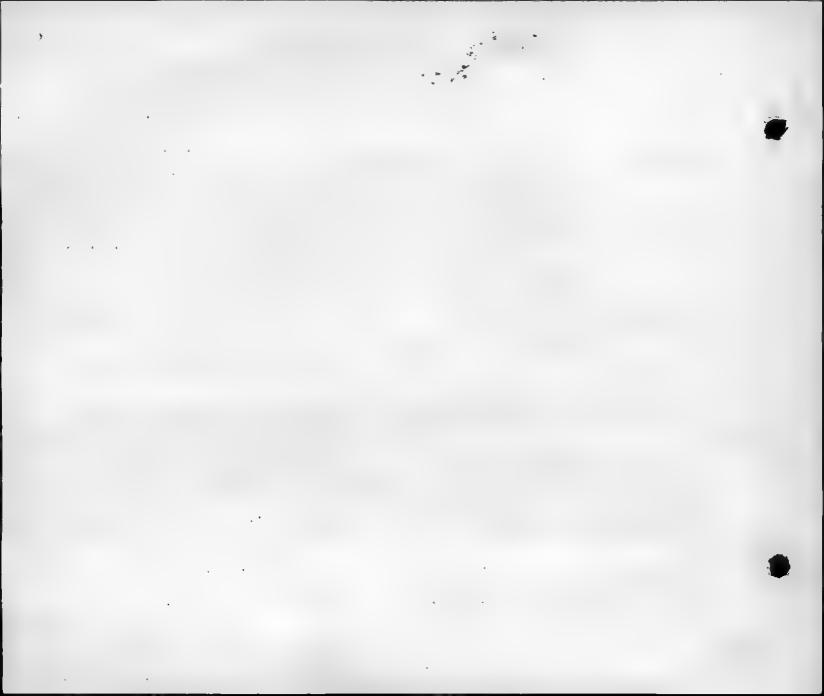
(County)

1929\_,that I last saw the deceased





1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	5266 CERTIFICATE OF DEATH Reg. Dist. No.
B M	1. PLACE OF DEATH o. COUNTY Baltimore  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTBaltimore
De de la constant de	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
fur	Catonsville  d NAME OF HOSPITAL (If not in hospitol, give street address)  d STREET ADDRESS  e. IS RESIDENCE
X . X	d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION N. Paradise Av.  d STREET ADDRESS  N. Paradise Ave  e. IS RESIDENCE ON A FARM? YES \( \sigma \) NO \( \sigma \)
illed in	3. NAME OF DECEASED (Type or print) HENRIETTA FULLER OF DEATH May 19, 19
s. Pog	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 10 pithology Months Doys Hours Min.  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 10 pithology Months Doys Hours Min.
d camp paper	10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Housewife  U.S.A.
T pour	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
sicion rs of co	? Snowden Harriett Johnson
nding physici case remove hin 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yas, no. or unknown] [If you, pre-wor or dates of service] Mrs Ross Adams 537 N. Carey St.
e offendi en pleas nf within	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c) ]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  ONSET AND DEATH  CORYS
by the	(Conditions, if any, which) (DUE TO Conditions, if any, which)
signed it perm	gove rise to immediate couse (a), stating the under- lying couse last.
ohysicio	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED?  JE QUILLE MALE PROPERTY OF THE POWER POWER POWER PROPERTY OF THE POWER P
anding pricate he buri	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18 ) OR CONTRIBUTING   CAUSE OF DEATH UITE EITHER, NOTIFY MEDICAL EXAMINER)
l or ath	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a.m.  Pm. 19 of work of
hospito ed for ial, cre	21. I certify that I attended the deceased from 8/3/
TOR: detach ta bur	alive an DIY and that death accurred at YOMM, from the causes and an the date stated above ADDRESS (Street, city or town, state)  DATE SIGN  ACTUAL  A
oin r prior	SIGNATURE COLLAT COMPOSITION M.D. ST. 32 T. TEASTER CONTROL STATE OF THE SIGNATURE COLLAT COLLAR SIGNATURE COLLAT COLLAR SIGNATURE COLLAT COLLAR SIGNATURE COLLAR C
RAL RAL S sho pistro	NAME (Type) III O / (V. NOHANDIY M.) SAGE TOWN OF
FUNI Page The reg	22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 5-23-59 VWestern Ster Cem Catonsville, Balto.Co., Mo
VS A15 (4)	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 578 W. 246 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE MAY 2 6 '59 Carling 8, House
15W 3/55	The state of the s



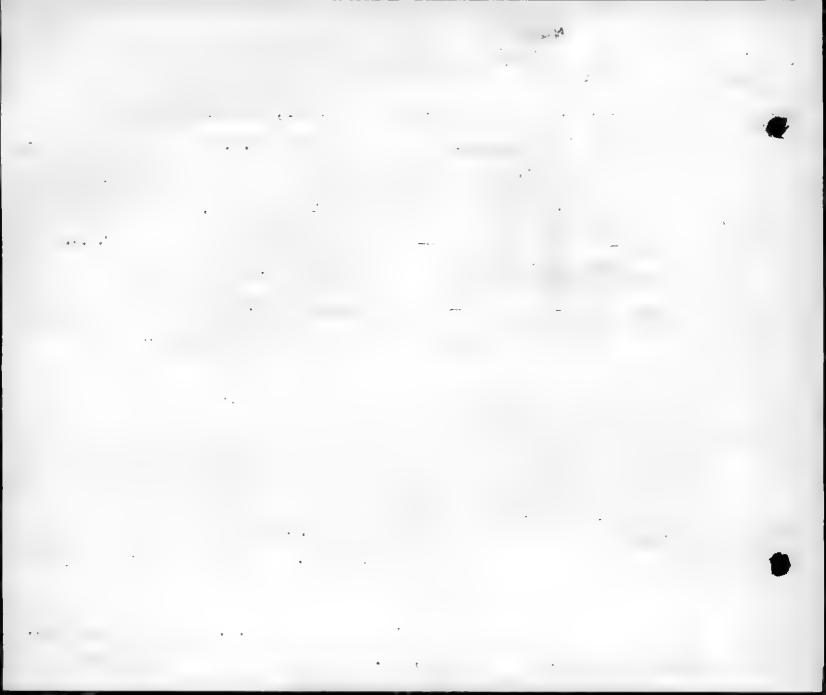
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE Md . o. COUNTY Raltimore Piled In b. COUNTY Baltimore MARYLAND ğ b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Relav d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES | NO [X] Sycamore Ave. Sycamore Ave. 3. NAME OF DECEASED First Middle 4. DATE Lost Year OF (Type or print) DEATH CHARLE'S GALLAGHEE В. 19 59 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH last birthday) Months Days white Hours male WIDOWED [ DIVORCED | papers. 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? denth during most of working life, even if retired) pup Technical Writer Bendix Radio 13 FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME Harry G. Gallagher, Sr. Rose P. Bohanan mave 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (If yes, give wor or dates of service) ottending Mrs. Drucilla C. Gallagher - 1707 Sycamore Ave, 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 12256 arteroselerited 6, 446 6 2 260 x DUE-10 Conditions, if ony, which gave rise la immediate DUE TO couse (a), sloting the underlying couse lost. burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while al work of work 21. I certify that I attended the deceased from Jessey 195%, to May 12, 195% that I lost saw the deceased olive on 5 1/2021 and that death occurred at 6 F M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE P. should ā PHYSICIAN'S the registrar J. Douglas Lockard NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Loudon Parko Cera Balto. 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRES 246. REGISTRAD'S SIGNATURE 24n, REC'D BY REGISTRAR MAY 1 5 '59 VS A15 (4) 15M 10/57

after death

ŧ

		5269 CERTIFIC	CATE OF DEATH	Reg. Dist. No. 05245
M	1	PLACE OF DEATH ROSewood State Training School School Baltimore		
	١.	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest tawn)
12		d. NAME OF HOSP.TAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		osewood State Training School	Rural R.D. #1	YES NO
		NAME OF First Middle DECEASED (Type or print) Wilton Atlee	Gallion 4. DATE Mo	Day Yeor 19 59
	5. :	SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   NEVER MARRIED   DIVORCED   DIVORC	8. DATE OF BIRTH 9 AGE (In year lost birthdoy) 67 yrs	Months Days Haurs Min.
I	10a	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OUSTRY 11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NAME	0.0.4.
	15.	James Henry Gallion  DS 16/2 CHONEY CONTROL - deceased  Was deceased ever in U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	Falitha ?Ross de	oceased_
	[10	es, no, or unknown) (If yes, give war or dates of service)	Rosewood Records	
		IB CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO	- of stoward cont	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate couse (a), stating the under:  lying couse lost  (b)  DUE TO  (c)	tumor of Aonael	
2	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B		IVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO [
	CERTIFI		RED. (Enter nature of injury in Port I or Part II of Item 18.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Hour a.m. While Not wh.le of work of work	PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.)	(County) (State)
		21. Leartify that I attended the deceased from 5/18/59 5/19/59, 19, and that deceased	th accurred at \$358 M, fram the causes a	
,		SIGNATURE BUT W. Reelcal Par	thoologist 4307 Main &:	Ol On 5/19/59
- 1		PHYSICIAN'S Refer to Rieckert	baltimas	14 116.
	220	Burial, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY Burial 5/21/59 Rock Run JUNESAL DIRECTOR'S SIGNATURE Tarring DOMESTICE	Cometery R.D. Havre	, ar county) (State)  do Graco, Md.  GISTRAR'S SIGNATURE
	1	hofu H. Jarring Aberdeen, Md		Irilas S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

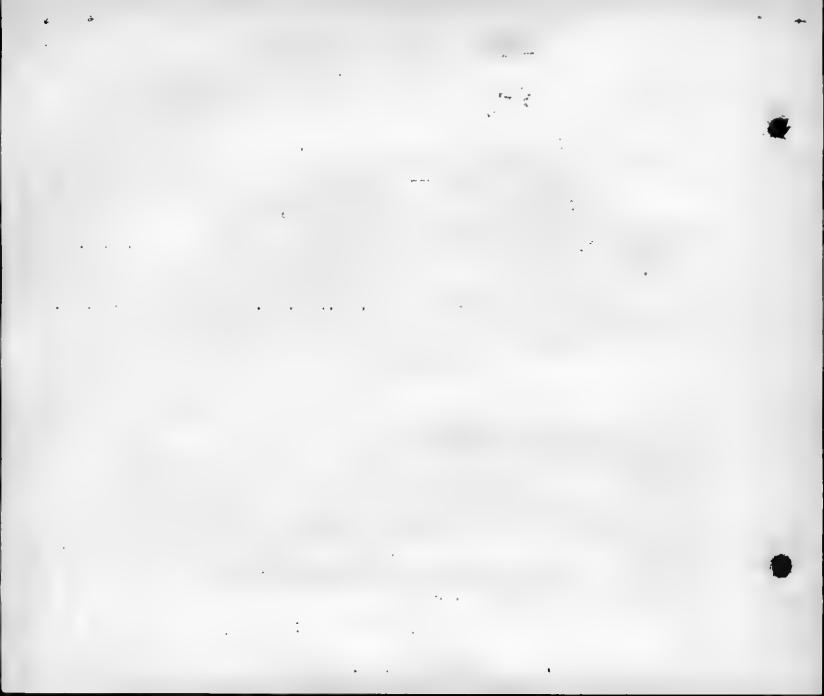


Reg. Dist. No. 05246 **CERTIFICATE OF DEATH** 5270 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on o. STATE Maryland o. COUNTY Baltimore b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard 7 Davs Baltimore d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Veterans Administration Hospital 11h N. Chester Street YES THE NO FOR NAME OF Middle 4. DATE DECEASED 1059 GAMTER (Type or print) SEMITON DEATH May 5. SEX 6. COLOR OR RACE 9. AGE (In years lost birthdoy) MARRIED NEVER MARRIED B DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months Dovs February 18,1895 Filipino WIDOWED [7] DIVORCED [ 10d. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer -Retired

Laborer -Retired 12 CITIZEN OF WHAT COUNTRY U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Permin Gamier Garia Gons IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown) **532-14-**6603 Clin.Rec. Vet.Adm. Hospital, Fort Howard, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CORONARY INSUFFICIENCY IMMEDIATE CAUSE (o) UNKNOWN **DUE TO** AORTIC STENOSIS UNKNOWN Conditions, if any, which (b) gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? Biliary Exploration - March 1959 YES NO 🛣 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (Country) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work 21. I certify that attended the deceased from April 28 1959 to May 5 ADDRESS (Street, city or town, store) DATE SIGNED ACTUAL SIGNATURE VAH. FORT HOWARD. MARYLAND shauld ā PHYSICIAN'S KRAMER. M.D. HOWARD C NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) GoldenGate National San Bruno, California 10 23. FUNERAL DIRECTOR'S SIGNATURE 6000 Harford Rd. 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE MAY 1 2 159 Chilling S. Huma Wm.Cook-Blight, Inc. Baltimore 14. Md. 15M 10/57 hip to: Halstead & Company, 1123 Sutter Street, San Francisco, California.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

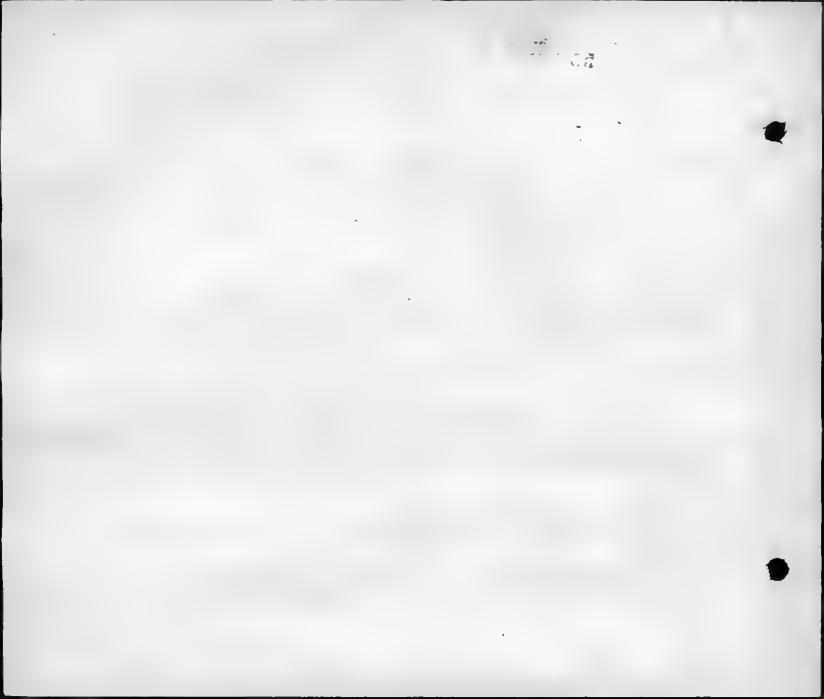


DATE

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1-4-		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
OR STATE		SEP CAL EXAMINER'S CERTIFICATE OF DEATH  Reg. Dist. No.
LTH DEPT.	1	
19		COUNTY B / F COUNTY D //
=6	نبرا	CITY OR TOWN (III outside corporate limits, write RURA) and give nearest town)
簡)(	K	yral- 11) hite Hall 50 yrs, Kural- White Hall,
/ '	7	NAME OF HOSPITAL OR MISTITUTION (If not in hospital, give street address)   d. STREET ADDRESS   e IS RESIDENCE
X		Graystone Rd. Graystone Rd. 185 A NO 1
, ,	3.	NAME OF First Middle Loss 4 DATE & Month Day Year
		Type or print) FRANCES DAWES GARRETT DEATH MAY 1959
	5. 9	
		M WIDOWED DIVORCED December 1905 33 yrs. Months Days Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS, OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Principal School WhiteHall Md. 4.2.4.
( )	13.	EATHER'S MAIDEN NAME
• /		harles (tarrell Belly Molesworth,
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address 4 1/1/1 A
	-	(10 X13-20-210/VIM. Colline Harrell, Clary Nacy 114
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ]  PART F, DEATH WAS CAUSED BY:
		IMMEDIATE CAUSE (6) COUNTY OCCUSION 3 MIN.
		400. DUE TO
		Conditions, if any, which by gove rise to immediate couse
		(o), stoling the underlying DUE TO course lost.
	Z	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)[19, WAS AUTOPSY
0	¥	PERFORMED?
	J. F.	20a. EXTERNAL CAUSE WAS PRIMARY OF OCONTRIBUTING CAUSE OF DEATH.  20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 1 of Item 18 )
	CERT	CAUSE OF DEATH.
	ฐี	20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State)
	MED	Hour a, m.  While No! wh'le tactory, stree!, office bldg., etc.)  p. m.  19 of work of work
		21. I certify that I took charge of the remains described above, held on Autopsy [], Inspection [4], Inquiry [4], and in my
		apinion death resulted from: Natural couses 🗗 Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined monner 🔲
		ACTUAL 7 DATE SIGNED
2		SIGNATURE MD CHIEF MEDICAL EXAMINER
		EXAMINER'S A. M. FRANCE DEPUTY MEDICAL EXAMINER D
	22	
	220	PREMOVAL (Specify)
	1/3	WINERAL DIRECTOR'S SIGNATURE ADDRESS 1 240. REC'D BY REGISTRARY SIGNATURE
		LUNG HAY TOMETION NOW FOR CONDON LOW VOMAY 5 '59 Collar & King
(	净	Authority of the State of the S



-1.1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
02			MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05249
FOR STATE			Reg. Dist. No.
= 4:	1	1 7	COUNTY DEATH STATE MARYLAND 2. USUAL RESIDENCE (While deceased lived. If institution: statements before gothers on)
ory please of Health		b	CITY OR TOWN (If outside corporate limits, write RURA, and give nearest family of side cooperate limits, write RURA, and give nearest family
	,	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give tree fooddress)   d STREET ADDRESS   is RESIDER E
ay is ne ined ined sie Bo		3. #	JOHS Surviva 1018 Sturger ON A FARR YES NO NO NAME OF POLY OF THE PAIR (Modelle 1) 1017 TE PAIR
y deiche funder für deiche reta		[	VAME OF DECEASED TYPE OF PRINTING OF DEATH Way 23 19 7
If on If an may b may b mith the officers officers		5.6	Marke Color Of RAVE 7. MARRIED NEVER MARRIED OF BIRTH VIDER 14 HE
deoth 2, onc oge 5 ond 2 ond 2		10a.	USUAL OCCUPATION To whind of work done 106. KIND OF BUSINESS OF INDUSTRY 11. SITTHPLACE ISSUE OF LOUNTRY?
rs offer and mag. P. S.		13.	FATHER'S NAME
Hours House		3.6	Dernard signory Tingsy
Give Give Sith For Cary e			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN U Je 2018 furnity.
d'in d'in			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).
It pon.			PART I. DEATH WAS CAUSED BY: (DESNOY) Thrombour Andrew
xecu il ia fice frons ioval			4. ). DUE TO BAD - 24(1)
penci s Of right			Conditions, if any, which by the course (b)
hould in in in in in in s o bu			(a), storing the underlying the course lost, (c) Old Coronary disease
ending sed a	ار	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES   NO
certif and "p Medic d be v iat, or		CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  206 DESCRIBE HOW INJURY OCCURRED. (Enter nature at injury in Part I or Part II of item 18)
This boot		- 1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or fown)) (Causty) (Stole)
NER:		MEDICAL	Hour a.m.  D. m.  While Not while factory, street, office bldg., etc.)  D. m.  19 at wark at wark
AMI writing to the			21. I certify that Jook charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my
IL EX			opinion deoth resulted from: Notural causes Accident Suicide , Homicide , Undetermined monner
DIKEC oted			ACTUAL SIGNATURE ( Kasek MD CHIEF MEDICAL EXAMINER ) DATE SIGNED
RA d b	(at m		EXAMINER'S FRANK T. KASIK TAPPUT MEDICAL EXAMINER 5723 PG
Shauf FUNE		72a.	BURIAL CREMATION 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole)
5 , 45 ,		23.	BurialMay 26 1959 Holy Redeemer Cemetery 4430 Belair Rd.
VS A15ME 5M 2/57		-	Frank Dellar 100322 8. High Stoate MAY 25'59 arthur S. Kraus
			The state of the s



V5 A15 (4) 1SM 10/57 M

MARYLAND	STATE DEPARTMENT OF HEALTH-	BALTIMORE,	18
5274	CERTIFICATE OF DEATH		

05250

Reg. Dist. No.

1,	PLACE OF DEATH o. COUNTY	Baltimor	'e		MARYLAND	2	USUAL RESIDENCE O. STATE	d.	ere deceased	lived. If institu b. COUNT		nce before	odmis:	iron)
	b. CITY OR TOWN (If RURAL ond give nec	outside curporate limi	ts, write	c. LENGTH OF	STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest fown) 52 Gatonsville								
	d. NAME OF HOSPITA					1	d. STREET ADDRE					e	IS RES	SIDENCE
L	OK INSTITUTION S	Summit Nu	rsir	ng Home	•	li	23 Smit	hwo	od A	ve.			ON A	FARM?
3	NAME OF DECEASED	Fir	st		Middle		Lost		4. DATE	Mo	nth	Day		Year
L	(Type or print)	Fanni	0		Edna		Gilbert		OF DEATH	Lay	30.	1959		19
S.	SEX	6. COLOR OR RACE	7. MARR	HED NEVER	MARRIED [	8 D/	ATE OF BIRTH		5	P. AGE (In years			F UND	R 24 HRS
	F	- W	WIDOWI		ORCED 🗍	J	an.23,1	233	3	lost birthdoy) 76 yrs	Months	Days	Hours	Min
10	during most of works	N (Give kind of work on hife, even if retired	lone 10b.	KIND OF BUSIN	IESS OR INDU	STRY	11. BIRTHPLACE (	State a	r foreign cau	untry)	12 CI	TIZEN OF	WHAT	COUNTRY
L	Housekee	per		Hon			7,1	d.						
13.	FATHER'S NAME					14	. MOTHER'S MAIL	EN NA	AME					
L	Ju	lius E.	Fyle	g			Fra	nce	es Ai	st				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURI	Y NO. 17.	INFOR	MANT			Ado	iress			
Ĺ		yer, give was as collected in	111,04		2"	rs	. Fred.	Коє	enia .	Long I	slr no	m.	. 2	C
Г	18. CAUSE OF DEAT	H [Enter only one co	use per lin	ne for (a), (b), or	nd (c) }							INTER	VAL BE	TWEEN
Н	PART I. DEAT	H WAS CAUSED BY:	Red	erusolo	witio .	Ĉ.	ad arms	کی ۸	D	ulomad		ONSE	TAND	DEATH
	4221	DUE TO						-				- 0	440	-
	Conditions, if on	u subjek V											•	
ı	gave rise ta im	mediate (						-						
	cause (a), stating the lying cause last.	(c)												
Z	PART II. OTHE	R SIGNIFICANT CON		ONTRIBUTING 1	O DEATH BU	NOT	RELATED TO THE T	ERMIN	IAL DISEASE	CONDITION GI	VEN IN PAR	T 1/61/19	WAS	AUTOPSY
CATION													PERFO	RMED?
TEF	20a ACCIDENT WAS	UNDERLYING [	20b. DESC	RIBE HOW INJ	JRY OCCURRE	D. (En	ter nature of injur	y in Po	ort I ar Port I	Il of item 18.)			113	NO 18
CERTIFI	20d ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	J CAUSE OF DEATH   IEDICAL EXAMINER)												
3	20c. TIME OF INJURY	_	r 20d. IN	JURY OCCURRE	D 20e. Pt	ACE C	OF INJURY (Home,	form.	20f. (City e	or Iown)	1/	County)		(State)
MEDICAL	Hour a.m.	19	While	Not while	j fa	clory,	street, office bldg.	, etc.)				Country		(Signe)
~				-1				17	<u>i</u>		( )-			
	21. I certify tha	t I attended the	40	77	und		., 19 <u>.2 sł.</u> ta	_P	my 3	0 , 195	Z,that I	last sov	v the	deceased
	alive an My	y 27	., 19.3		that death	acc	urred at 1.5	o Pi	.M, fram	the causes	and an t	he date	state	d above.
	ACTUAL A.	6 9 1	05	7+4				A	DDRESS (Stre	et, city or town,	stole)		D/	TE SIGNED
	SIGNATURE 47	The p	24/2	y 7.		MD.			1773	Charl H			2-1	-59
L	PHYSICIAN'S NAME (Type)	OHNA.A	ES	BITT	JR		Bal	te	in	3 h	nd.			
220	BURIAL, CREMATION		F	22c. NAME OF				7	72d. LOCATIO	ON (City, town,	ar county)		(Stote	)
	DULTET	6-2-59		Lorr	aine 1	Pai	ck Cem.		Noc	dlawn.	Md.			
23.	FUNERAL DIRECTOR'S			ADDRESS				REC'D	8Y REGISTRA		STRAR'S SIC	SNATURE		·
	F rlay F	uner: 1 Ho	e, c	J' tons	ville	12.5	DATE	111	91 7 1E	59 0	Total 2	& Hear	,A	



# FOR STATE REALTH DEPT.

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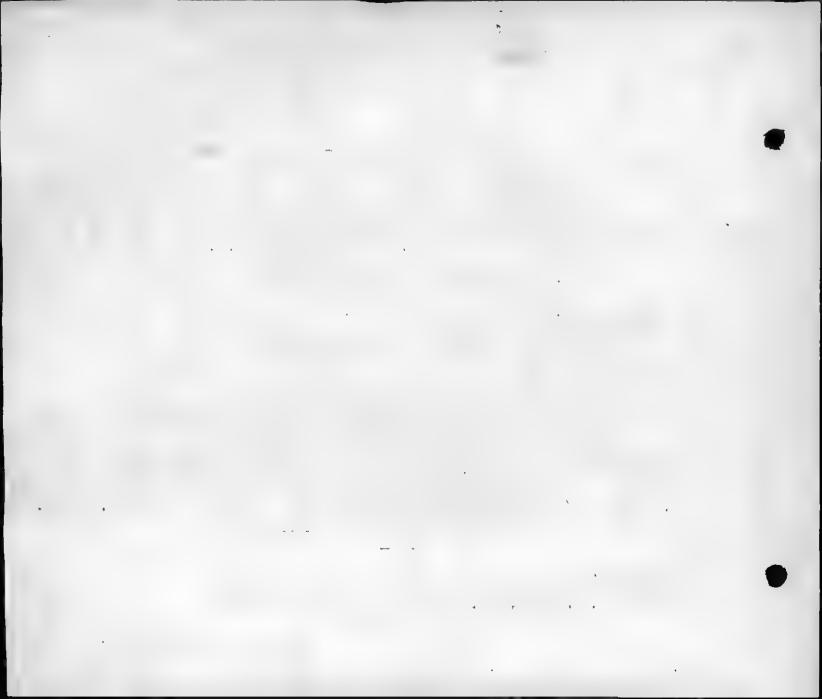
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P	ore e	pine	NER	s de
10	Xec	t she	5	10
5. TO DEPUTY MEDICAL *** AMINER: This certifical slouid be executed within 24 h **** other death. If ony delay is necessary	execute the Cificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director	4	A TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transis permit. File pages, Land 2 with the State Pard of	U
110	. A	15	ME	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMOR	E, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEAT	Н "

11	15	O	K	帽
U	U	2	U	I.

	OFF-					Reg. Dist. 14	o.
I. PLACE OF DEATH	213		2. USUAL RESIDE	NCE (Where dec	eased lived. If institu	tion: Residence be	efore admission)
Baltimore		MARYLAI	NO STATE	Tork_	b. COUNT	f	
b. CITY OR TOWN (If autside carparate limits, v and give nearest town)	role BURAL	c. LENGTH OF STAY IN			orporate limits, write	RURAL and give	nearest lawn)
Chase			Tr1.	ashing	1 .	×	
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hos	spital, give street address)	d. STREET ADD		<del></del>		e. IS RESIDENCE
Rural			127-22	Camoudian	A construct		YES NO
	First	Middle	lm1	Geranium	Would	Day	
(Type of print)		7110010		DE LA			
5. SEX 6 COLOR OR RAC		ED NEVER MARRIED	GITTING		9 AGE Illa reors	F UNDER TYPAR	19 <b>59</b>
W GOLON ON NAC				-00/	lost birthday)	Manths Days	Hours M'n.
W W	WIDOWE		June 24,	1926	32 yrs.		
10a. USUAL OCCUPATION (Give kind of worduring most of working life, even if retired	f)		DUSTRY IT BIRTHPLACE	: (Stote or toreign	( country)	12. CITIZEN C	OF WHAT COUNTR
Physician -	P	fizer Co.		York, N	. Y.	USA	<u>A_</u>
13. FATHER'S NAME			14, MOTHER'S MA				
William M.	Gitti:	nger	Not K	nown			
15. WAS DECEASED EVER IN U. S. ARMED (You no, or unknown) (It yes, give wor or dotes	FORCES? 16	SOCIAL SECURITY NO. 1	7. INFORMANT		Address		
Yes W.W. 1	, ,	15-18-4712	Mrs. Dorot	thy Git	tinger	5	same
18. CAUSE OF DEATH Enter only one						INTE	ERVAL BETWEEN
PART 1, DEATH WAS CAUSED BY						01/15	SET AND DEATH
IMMEDIATE CAUSE	(o)M	ultiple extra	me_injuric	8			_
6/X DUET	0						
Conditions, if ony, which	(b)	~					
gave rise to immediate cause ( (o), stating the underlying ( DUE)	0						
cause fost.	[c]						
PART II. OTHER SIGNIFICANT CO	INDITIONS CO	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE	E TERMINAL DISE	ASE CONDITION GIV	EN IN PART 1(0)	IP. WAS AUTOPSY
\$1							PERFORMED?
200. EXTERNAL CAUSE WAS PRIMARY 30 or CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIB	E HOW INJURY OCCURRED	D. (Enter noture of injury	in Part I ar Part	II of item 18 )		
PRIMARY Sor CONTRIBUTING CAUSE OF DEATH.		dumlama awaal					
		irplane crasi		ne. form.   20f. (C	ity or town]	(County)	(State)
Hour Marie	While	e Not while □	factory, street, office bld	lg., etc.)			
The state of the s			ir over far		hase	Balte.	Md.
21. I certify that I took char	ge of the	remains described o	bove, held on A	utopsy DC.	Inspection [],	Inquiry 🔚	, and in my
opinion deoth resulted from:	Noturol	couses 🔲, 🛮 Accider	nt 🕱, Suicide [	, Homicic	le 🔲, Undete	rmined monn	er 🔛
ma							
SIGNATURE	sar	/Ls	M.D. CHIEF MEDI	ICAL EXAMINER		1	DATE SIGNED
			ASSISTANT	MEDICAL EXAM	NER 🔲	1/11	100
EXAMINER'S NAME (Type) M. B. Day	da. M.	D <sub>a</sub>	DEPUTY ME	DICAL EXAMINE	1	1111	49
220, BURIAL, CREMATION, 226 DATE THER	-	22c. NAME OF CEMETERY	OR CREMATORY	[27d LOC	CATION (City, town, o	er county)	[State]
Burial May 16			Cemetery				()
23. FUNERAL DIRECTOR'S SIGNATURE	3-127	ADDRESS			LIEVILLAS ISTRAR 246. REGIS	TE IV Y	RE
H. Sander & Sons,	Tno	Baltimore		ATE MAY 1 5			_
u. Danger, or Dong'	71100	DOT PINOTO	TICL D	WIE BEELD IN	00 1 00	Thur S. Time	NAME.



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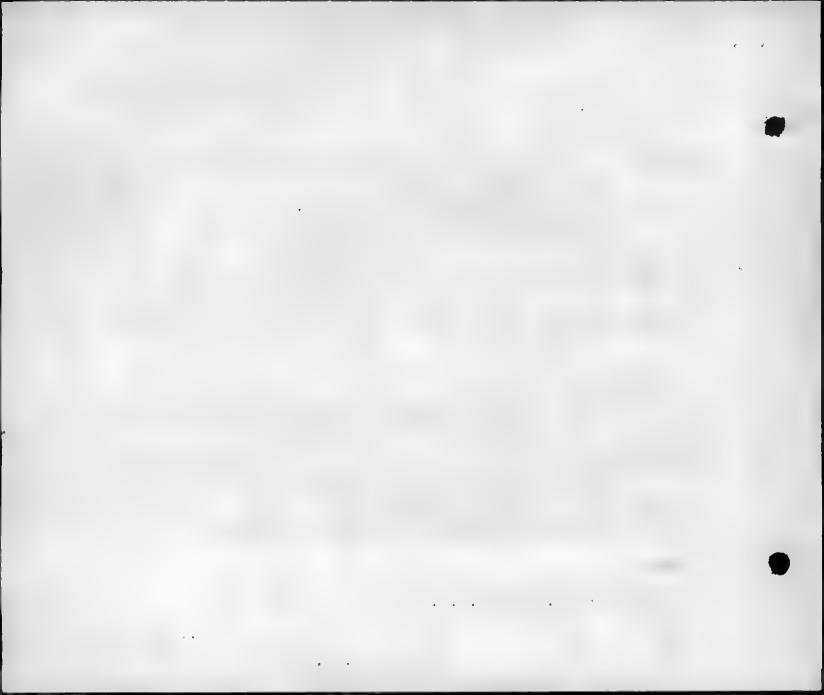
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. () 5252

1, P	LACE OF DEATH		. 5			2, USUAL RESIDENCE (V	Vhere deceased live	d. If Institutions Res	idence befor	e admission)
°	COUNTY Balt	imore		MARYL	AND	o. STATE Marv	lend	b. COUNTY BR	1 time	ore
Ь.	CITY OR TOWN IF	utude corporate limits, write	RURAL	c. LENGTH OF STAY II	N Ib	c. CITY OR TOWN (IF		limits, write RURAL	and give neo	rest town)
	end give nearest town)	Balk 22		L vear	3	C2 Dund	alk 22			
d.			f nat in hos	pital, give street address		d. STREET ADDRESS				e. IS RESIDENCE
		Yorkway				3412	Yorkwa	v	1	ON A FARM?
3. N	IAME OF	Fir	4	Middle		Lest	4. DATE	Month	Day	Year
0	Type or print)	DAI	SY	+++		GODWIN	OF DEATH	May	24th	
5. \$6	_		7. MARRI	ED NEVER MARRIED		DATE OF BIRTH	9, AG	E (In years IFUND Months  Y/15.		FUNDER 24 HRS.
Í	emale .	white	WIDOWE	D DIVORCED	וב	July 25,18	94   64	yrt.	Days I	Min.
10a. di	USUAL OCCUPATION uring most of working HOUSEV	N (Give kind of work life, even if retired) JITE	iane 10b. 1	(IND OF BUSINESS OR II	4DUSTI	11. BIRTHPLACE (Stole North	or foreign country) Carolin	1	USA	WHAT COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	(AME			
	Daniel	Grady				Unknown				
15.	WAS DECEASED EVE	R IN U. S ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Address		
no		ir yes, give wor or dates or	1	none		Edward Per	ry	same as	#2	
	PART I. DEATH 4 20./ Conditions, if an gove rise to immedi (a), stoting the uncourse last.	ote cause DUE TO	/dy	puleus.	BUT N	OSCOLLES OF	NAL DISEASE CON	DITION GIVEN IN P.	ONSET /	LI BETWEEN AND OEATH  MILLIAN  LICENS  WAS AUTOPSY
	20a. EXTERNAL CAUS PRIMARY [] or CON CAUSE OF DEATH.	E WAS 20				nter nature of injury in Port				PERFORMED?
	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yea	White			E OF INJURY (Home, farm ry, street, affice bldg., etc.		m) (C	County)	(Sigie)
	21. I certify the	at I took charge	af the	remains described	abov	e, held an Autops	y 🔲, Inspec	tion 🛛 Inqu	iry 📶.	and find that
	ACTUAL SIGNATURE	from: Natural	A T	Accident	Suic	ide, Homicide	AMINER 🗆	rmined cause [		DATE SHOWER
	EXAMINER'S NAME (Typh)	Jack C.Co	llin	s.M.D.		ASSISTANT MEDICAL I	_			5/25/59
22a.	BURIAL, CREMATION	, 226. DATE THEREC	F	22c. NAME OF CEMETER	RYOR	CREMATORY	22d. LOCATION (	City, town, or county	)	(State)
Bi	irial	5/27/9	9	Samaria	Cem	etery	Nash C	o. North	Car	olina
23. F	UNERAL DIRECTOR'S	SIGNATURE BLE	Alk	ADDRESS			D BY REGISTRAR	246. REGISTRAR'S	SIGNATURE	





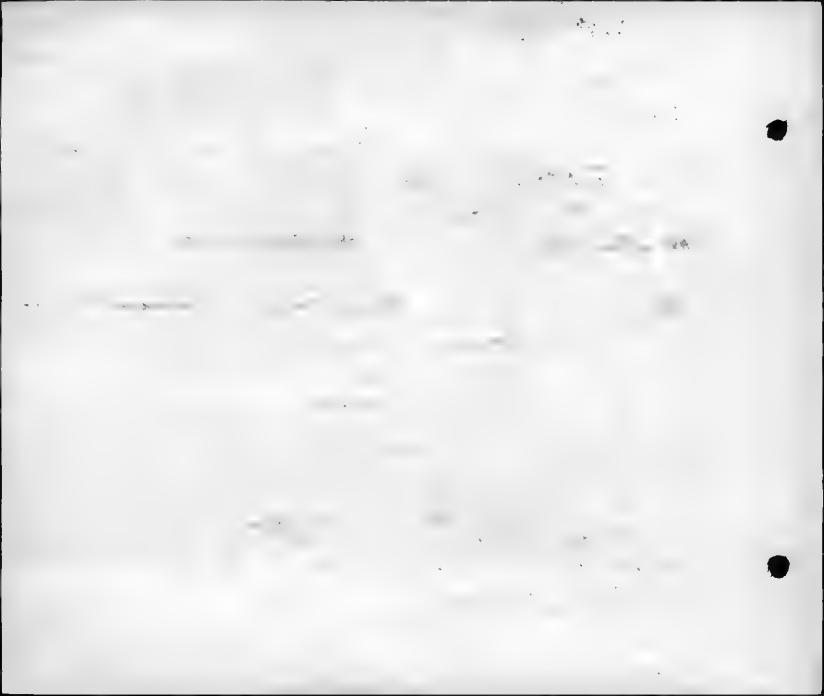
VS A15 (4) 15M 10/57

MARYLAND STATE	DEPARTMENT OF HEALTH-BALTIMORE, 1	8
-12.4 A		

CERTIFICATE OF DEATH

8 05254

OR INSTITUTION  3. MARK OF DECEASED (Type or print)  5. SEX  6 COLOR OR RCE 7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH  WIDOWED   DIVORCED   S. DATE OF BIRTH  100. USUAL OCCUPATION (Give kind of work done in the print)  110. USUAL OCCUPATION (Give kind of work done in the print)  111. BIRTHPLACE (shote or foreign country)  112. CITIZEN OS WHAT COUNTRY  113. FATHER'S MANDER THIN U. S. ABMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  114. MOTHER'S MANDERN NAME  115. WAS DECEASED BY EIN U. S. ABMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  118. CAUSE OF DEATH [Enter only one couse per I ne for (o), (b), ond (c).]  119. PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)  110. USUAL OCCUPATION (Give kind of work done)  110. WAS DECEASED BY EIN U. S. ABMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  111. MOTHER'S MANDERN NAME  112. CAUSE OF DEATH [Enter only one couse per I ne for (o), (b), ond (c).]  113. FATHER'S MANDERN WAS CAUSED BY, IMMEDIATE CAUSE (o)  114. MOTHER'S MANDERN NAME  115. WAS DECEASED BY EIN U. S. ABMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  118. CAUSE OF DEATH [Enter only one couse per I ne for (o), (b), ond (c).]  119. WAS AUTOPOTED BY INFORMANT  INFORMANT INFORMANT  119. WAS AUTOPOTED BY INFORMANT INFOR							
AMARE OF HOSPITAL (If red in hospital, give streel oddress)   A STREET ADDRESS   A STRE	o. COUNTY	altinu	MARYLAND	II D. STATE 🐠			before admission)
3. NAME OF DECEASED OF STRUCTURED  3. NAME OF STRUCTURED  4. DATE OF BUTH  5. SEX  5. SEX  5. SEX  5. O COLOR OR RACE 7. MARRIED NEVER MARRIED  6. NO FOR A FARM 10 OF STRUCTURED  6. NO FOR A FARM 10 OF STRUCTURED  6. NO FOR A FARM 10 OF STRUCTURED  7. NAME OF ST	RHAL and give r	Randallstown	16	. 62	_ 1945-ph	rite RURAL and give	e nearest town)
DEATH MORN DOTALL STANDARD DEATH OF THE STANDARD DEATH WAS CAUSED BY.    DEATH WAS CAUSED BY.   S. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In year)   15 UNIDER YEAR   16 UNIDER YEAR   16 UNIDER YEAR   16 UNIDER YEAR   16 UNIDER YEAR   17 UNIDER YEAR   17 UNIDER YEAR   18 UNIDER Y	d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street	oddress}	1311	Road		e. IS RESIDENCE ON A FARM? YES NO
100. USUAL OCCUPATION IGNE hard of work done 100. KIND OF BUSINESS OF INDUSTRY 11 BIRTHPLACE (Stole or foreign country)  12 CITIZEN OF WHAT COUNTRY 13 BIRTHPLACE (Stole or foreign country)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED FYER IN U. S. ARMED FÖRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  15. WAS DECEASED BY BE IN U. S. ARMED FÖRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  16. CAUSE OF DEATH (Enter only one course per I ne for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY.  17. CAUSE OF DEATH (Enter only one course per I ne for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY.  18. CAUSE OF DEATH (Enter only one course per I ne for (o), (b), and (c).)  PART I OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16(o) 19. WAS AUTOPPER COURSE (C).  19. OR CONTRIBUTING (C) CAUSED BY.  19. OR CONTRIBUTING (C) CAUSED CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16(o) 19. WAS AUTOPPER COURSE (C).  200. ACCIDENT WAS UNDERLYING (C)  200. ACCIDENT WAS UNDERLYING (C)  200. THE OF THE ORD THE TERMINAL DISEASE CONDITION GIVEN IN PART 16(o) 19. WAS AUTOPPER COURSE (C).  200. ACCIDENT WAS UNDERLYING (C)  200. ACCIDENT WAS UNDERLYING (C)  200. THE OF THE ORD THE TERMINAL DISEASE CONDITION GIVEN IN PART 16(o) 19. WAS AUTOPPER COURSE (C).  200. ACCIDENT WAS UNDERLYING (C)  200. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)  201. THE ORD THE ORD THE TERMINAL DISEASE CONDITION (C) TO THE TERMINAL DISEASE CONDITION (C) TO THE TERMINAL DISEASE CONDITION (C) TO THE TERMINAL DISEASE CONDITION (C) THE TERMINAL DISEASE COND	DECEASED		£ 4	Gray	OF M	,	19
13. FATHER'S NAME  13. FATHER'S NAME  14. MOTHER'S MAJIDEN NAME  15. WAS DECEASED BYER IN U. S. ARMED HORCES? 10. SOCIAL SECURITY NO. 17. INFORMANT  18. CAUSE OF DEATH [Enter only one couse per I ne for (o), (b), and (c).]  18. CAUSE OF DEATH [Enter only one couse per I ne for (o), (b), and (c).]  19. PART I DEATH WAS CAUSED BY. INMEDIATE CAUSE (o)  10. DUE TO  10. Conditions, if any, which gover rive to immediate couse (o), I string couse lost.  11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPERFORMED TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPERFORMED TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPERFORMED TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPERFORMED TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPERFORMED TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPERFORMED TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPERFORMED TO CONTRIBUTION GIVEN IN PART I (o) 19. WAS AUTOPERFORMED TO CONTRIBUTION GIVEN IN PART I (o) 19. WAS AUTOPERFORMED TO CONTRIBUTION GIVEN IN PART I (o) 19. WAS AUTOPERFORMED TO CONTRIBUTION GIVEN IN PART I (o) 19. WAS AUTOPERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPERED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS	F	WIDOW	DIVORCED [	8. DATE OF BIRTH	7.1 lost birthe	ddy) Months Do	
IS WAS DECASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT    INFORMANT   DEATH   Enter only one couse per I ne for (o), (b), and (c).	during most of wa	king life even if refired)	KIND OF BUSINESS OF INE	Britisher (Stole	or foreign country)	12 CITIZE	N OS WHAT COUNTRY
The control   The property of colors of served   The color of se	I3. FATHER'S NAME	red akan	20	14. MOTHER'S MAIDEN I	VAME	uhos.	The state of the s
PART I DEATH WAS CAUSED BY.  DUE TO  Canditions, if any, which gave rise to immediate Couse (a), stating the under Lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH Hour o.m. p.m.  19  ON LOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPE PERFORMED YES NO					2 6	gaddress andre	Withern, 160
DUE TO  Canditions, if any, which gave rise to immediate couse (a), stating the under lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPERFORMED?  YES DO (CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Not while of work   21. I certify that I attended the deceased fram Automatic of work of work of work of work.  22. I certify that I attended the deceased fram Automatic of work of work.  23. I certify that I attended the deceased fram Automatic of work of work.  24. I certify that I attended the deceased fram Automatic of work.  25. I certify that I attended the deceased fram Automatic of work.  26. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)  27. I certify that I attended the deceased fram Automatic of work.  28. I certify that I attended the deceased fram Automatic of work.  29. June 19. J		ATH WAS CAUSED BY:	- n	hen a.			INTERVAL BETWEEN ONSET AND DEATH
Gave rise la immediate couse (a), stating the under lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPIPERFORMED?  YES NO (  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  While of work of the unit o		DUE TO					
20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)  20c. ONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Not while of work of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Not while of work of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bidg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bidg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bidg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bidg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bidg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bidg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bidg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bidg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bidg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bidg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bidg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bidg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bidg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bidg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bidg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bidg., etc.)  20c. TIME OF INJURY MONTH, Doy, Year 20d INJURY OCCURRED foctory, street, offic	gave rise ta couse (a), stating	mmediate (DUE TO	thirty	Beter			
20c. TIME OF INJURY Month, Doy. Year 20d INJURY OCCURRED While of work   20e. PLACE OF INJURY [Home, form, 20f. (City or lown)] (County) (State of the foctory, street, office bldg., etc.)   20f. (City or lown)   (County)   (State of the foctory, street, office bldg., etc.)   20f. (City or lown)   (County)   (State of the foctory, street, office bldg., etc.)   20f. (City or lown)   (County)   (State of the foctory, street, office bldg., etc.)   20f. (City or lown)   (County)   (State of the foctory, street, office bldg., etc.)   20f. (City or lown)   (County)   (State of the foctory, street, office bldg., etc.)   20f. (City or lown)   (County)   (State of the foctory, street, office bldg., etc.)   20f. (City or lown)   (County)   (State of the foctory, street, office bldg., etc.)   20f. (City or lown)   (County)   (State of the foctory, street, office bldg., etc.)   20f. (City or lown)   (County)   (State of the foctory, street, office bldg., etc.)   20f. (City or lown)   (County)   (State of the foctory, street, office bldg., etc.)   20f. (City or lown)   (County)   (State of the foctory, street, office bldg., etc.)   20f. (City or lown)   (County)   (State of the foctory, street, office bldg., etc.)   20f. (City or lown)   (County)   (State of the foctory, street, office bldg., etc.)   20f. (City or lown)   (County)   (	PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE CONDITION	Y GIVEN IN PART I	(e) 19. WAS AUTOPSY PERFORMED? YES NO
21. I certify that I attended the deceased from Man. 1951, to 1952, that I last saw the deceded alive on 1952,		G CAUSE OF DEATH	CRIBE HOW INJURY OCCUR	RED (Enter noture of injury in	Port I or Port II of item 15	3.]	
alive on 19 7, and that death occurred at 11 M, fram the causes and on the date stated about 12 M, fram the causes and on the date stated about 12 M DATE SIGNATURE CREMENTS (Street, city or town, state)  PHYSICIAN'S Charles 3 M M D. 1632 PHYSICIAN'S Charles 3 M M M D. 1632 PHYSICIAN'S Charles 3 M M D. 1632 PHYS	20c, TIME OF INJUI Hour o, m. p. m.	While	Not while	PLACE OF INJURY (Home, form factory, street, office bldg., etc	n, 20f. (City or town)	{Cov	nly) (State)
ACTUAL SIGNATURE CREATERS # M.D. 1632 Feesters of town, stole)  PHYSICIAN'S Charles # M.D. Michiel  PHYSICIAN'S Charles # M.D. Michiel  220. Bullial, CREMATION 226 DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d. 10CATION (City, town, or segunty) (Stole)		A.,	Term of the				
NAME (Type)  220. BURIAL, CREMATION: 226 DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. 10CATION: (City, town, or squnty) (Stole)	ACTUAL SIGNATURE	Earles H. Will	hans		ADDRESS (Street, city or t	lown, state)	DATE SIGNE
REEMONAL (Specify)	PHYSICIAN'S C	harles H. M.	Goms	P.C.			
			Stone of CEMETERY	11 -100	22d. LOCATION CITY, 10	why or county)	Stole
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES	FUNERAL DIRECTOR	S SIGNATURE	ADDRESS CO	milli.			1 -



#### FOR STATE HEALTH DEPT.

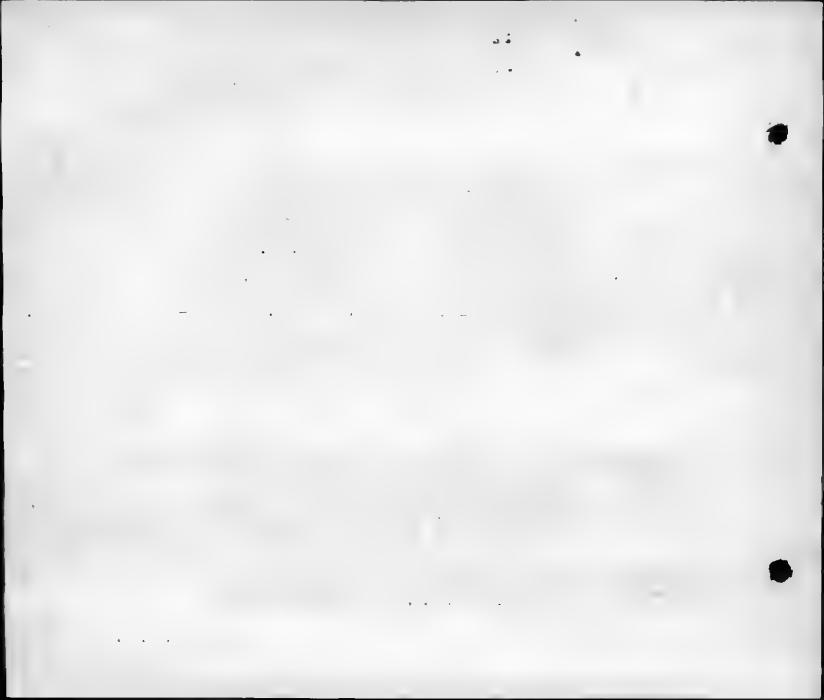
TO DEPUTY MEDICAL EXAMINER: This cellifical should in recorded within 24 has a death. If any delay is necessary please execute the content of the funeral intending in pending in them. 18. Give Pages 1, 2, and 3 to the funeral intending Page 4 should be and a funeral medical Examiner's Office along with farm PM3. Page 5 may be retained any fast files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boord of Health, at list designated agent, prior to burial, cremation, or removal, and in any exect within 72 haurs after death.

A15ME 5M 2757

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5278 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

52	78 MI	DICAL E	XAMINER'	S CERTIF	CATE O	F DEATH	Reg. Dist. No	5255
1. PLACE OF DEATH o. COUNTY Balt	imore		MARYLAND	O STATE	ence (Where deco	h count	tution Residence bef	ore admission)
b. CITY OR TOWN (IF and give negret) own) Chas		e RURAL C LE	NGTH OF STAY IN 16	1	own (If outside o		e RURAL and give n	earest town)
d NAME OF HOSPITA	_	If not in hospital, (	give street oddress)	d STREET AD		wood Aven	we	e IS RESIDENCE ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	Fir GEO	RŒ	Middle OSCAR	GRIFFI	TH DEAT	Mon Ma		Year 1959
5. SEX male	6. COLOR OR RACE White	7. MARRIED A	NEVER MARRIED	B. DATE OF BIRTH	1897	9. AGE (In years lost birthday)	Months Days	HOUR Min.
100. USUAL OCCUPATION during most of working Director 1  13. FATHER'S NAME  Thomas M.	raffic		an Home Pr	Odicts I	E (Stote as foreign N VA AIDEN NAME		12 CITIZEN OF	F WHAT COUNTRY?
15 WAS DECEASED EVE (Yes, no, or unknown) Yes	R IN U. S ARMED FO (III yes, give war or doles of World War H [Enter only one co- H WAS CAUSED BY: IMMEDIATE CAUSE (o	1 058- vie per ine for (a)  Multip	10-5326	Mrs. Vivia		Griffith Addres ffith = 2	285 Ridgew	Jood Ave.
Cenditions, if on gove rise to immed (o), stoting the uncourse tost.	nderlying DUE TO	)						and and an analysis of the second analysis of the second analysis of the second and an analysis
2		IDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO TE	HE TERMINAL DISE.	ASE CONDITION G	1	PERFORMED?
	SE WAS ITRIBUTING []		A .	ne crash				
20c. TIME OF INJUR	5/12 19	59 at work	at work [2] A	r over fa	ldg , etc.)	ity or lown) Chase	(County) Balto	(Stote) Md.
			ins described ob s,Accident			Inspection [_ le [_], Undet	, Inquiry [], ermined monne	ond in my
ACTUAL	Made	FOR	Townell	M.D.	DICAL EXAMINER		1	DATE SIGNED
EXAMINER'S NAME (Type) 220. BURIAL, CREMATION		O'Donnel.	L, M.D.  IAME OF CEMETERY O		EDICAL EXAMINER	ATION (City, town,	or county)	(Store)
REMOVAL (Specify) Burial 23. EUNERAL DIRECTOR	5/16/59 S SIGNATURE		Bloomfield	12 00 00	B1	oomfield,		
1/1/11/4	Vieve		, , ,	1 The	ATMAY 1 4		And the	



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4

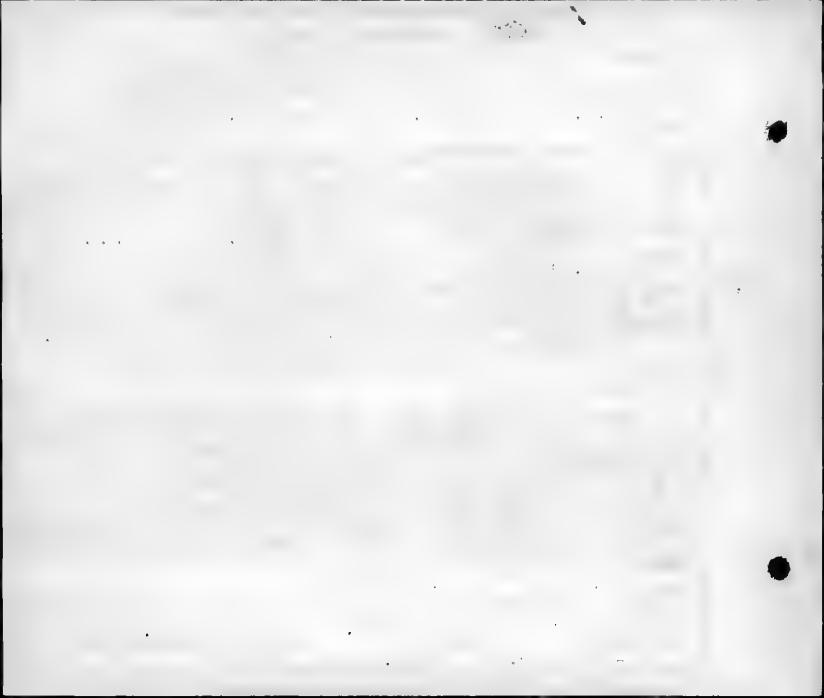
TO HOSPITAL OR

VS A15 (4)

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5279 CERTIFICATE OF DEATH

Reg. Dist. No. (15256

						Keg. Di	11. 110.
1. PLACE OF DEATH b. COUNTY		MARYL		USUAL RESIDENCE (Who, STATE	ere deceased lived	. If institution- Residence	re before admission)
B.Itimere		MAKIS	240	Marvl and		Reltimore	
b. CITY OR TOWN (if outside RURAL and give nearest to		c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF o	utside corporate li	mils, write RURAL and g	ive nearest town)
Sparks 1/d	. (Relclain	re) 2 ms	X	Sparles	Md.		
d. NAME OF HOSPITAL III no OR INSHTURION & ITE	CLI CLC	t address)		d. STREET ADDRESS	lclaire (	Circle	e. IS RESIDENCE ON A FARM? YES NO-
3. NAME OF DECEASED (Type or print)	Fiet h anna Eli	Middle Len	Conne	los ninger	4. DATE OF DEATH	Month 2	Day Year
		RRIED NEVER MARRIED		ATE OF BIRTH	10 AG		TYEAR IF UNDER 24 HRS
Foule Jh	ite widow	VED DIVORCED		arch 27,187	6 6	birthdoy) Months	Doys Hours Min.
100 USUAL OCCUPATION (Give	kind of work done 10t	. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CIT	ZEN OF WHAT COUNTRY
10a USUAL OCCUPATION (Give during most of working life, none	even if relined)	none		Baltimor	e, Md.	U	S.A.
13. FATHER'S NAME			14	. MOTHER'S MAIDEN N	IAME		
Michael J				Margret	Jane O'B	rien	
15. WAS DECEASED EVER IN U. : [You, no, or unknown)   [If yes, give	S. ARMED FORCES? 16	, SOCIAL SECURITY NO.	17, INFOI	MANT		Address	Ball Tole
no		none	H	ary Jane Mo	ore (g	11 00 h 1	15 Circle
18. CAUSE OF DEATH [Ent		line far (o), (b), and (c).]					INTERVAL BETWEEN
PART I. DEATH WAS	CAUSED BY: ATE CAUSE (o)	Uerebrai V	ascul	ar Accident			12 11
422.1	DUE TO						
Conditions, if any, which		Arterio	scler	otic cardia	vascula	disease	
gove rise to immedia	he (D)						
couse (o), stating the unde							
lying couse lost.	) (c)						
	ronic con	contributing to DEAT testive Non	rt Fa		NAL DISEASE CON	DITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	RLYING [] 20b. DE	SCRIBE HOW INJURY OC	CURRED. (E	nter noture of injury in F	ort I or Port II of	lem 18.)	163 [] NO []
	L EXAMINER)						
Y 20c, TIME OF INJURY Month	h, Day, Year 20d.	INJURY OCCURRED 2	Qe. PLACE	OF INJURY (Home, farm,	20f (City or toy	vn) (C	ounty] (Stote)
Hour o. fi.	19 While	n Not while	foctory,	street, office bldg , etc.	)	1-	,
	- Jul W.	rk Ol wark			1		
21. I certify that I at	tended the decea	sed from 5-1		., 19. <u>Σ</u> Ζ, to <u>.</u>	5 - 22	_, 19_5_7,that	ast saw the decease
alive on 5-2	2 12	59 and that a	death occ	urred at 730 A	M. from the	rauses and on th	e date stated above
					ADDRESS (Street, c		DATE SIGNE
ACTUAL SIGNATURE	wheet M	weller h	M.D,	Thueford	Pack	Elon P.O.	Med 5/2
PHYSICIAN'S NAME (Type)	Herbert Luc	eller Jr. /	10	·	ma	ugland	/
220. BURIAL, CREMATION, 226.	DATE THEREOF	22c. NAME OF CEMET	ERY OR CR	MATORY	22d LOCATION (	(if, town, or county)	(Stole)
DEMOVAL (Specify)	y 25,195					ore, Md.	(alole)
23. FUNERAL DIRECTOR'S SIGNA		ADDRESS				24b. REGISTRAR'S SIG	NATURE
Wm Cook-Tow.	son, Inc. 1	050 York F	Rd.To	WSON DATE M	AY 2 5 '59	Outling 8	House



15M 10/57

- \ 1	L			400		CERTII IC	~1	LOID				Reg. D	list. No.	
<i>j</i>	1	PLACE OF DEATH a. COUNTY					2	USUAL RESIDE	NCE (Wh	ere decease	d lived. Il instituti	on Reside	nce befa	0 0
		BALTIMOR	RE			HOLOTORN		MARY	LAND		b. COUNTY	BAL	TIMOE	ŁΈ
		b. CITY OR TOWN (I RURAL and give no	f outside carporote limi	ts, write	c. LENGTH	OF STAY IN 16		c. CITY OR TO	WN (If o	utside carpo	rate limits, write R	URAL and	give nea	resi
		BALTIMOR			2	YEARS	1 5,4	BATA	IMORI	F,				
		OR INSTITUTION	AL (If not in haspital, g	ive street			1	d STREET AD					- 7	e l'
×			PLE DRIVE				1/	7 A	MAP	LE DRI	IVE			Y
		NAME OF DECEASED	Fire	37		Middle		lost		4. DATE	Mor	th	Do	y
		(Type or print)	FANNIE		MAE	GRO	SS			OF DEATH	MAY		27	
	5.	SEX	6. COLOR OR RACE	7. MARE	HED NEV	ER MARRIED	8 D	ATE OF BIRTH			9 AGE (In years		R 1 YEAR	1F
		FEMALE	WHITE	WIDOWI	ED 🚺	DIVORCED [	7	-2-1898			last birthday) O yrs.	Manths	Doys	H
	100	. USUAL OCCUPATIO	ON (Give kind of work or king life, even if retired)	dane 10b.	KIND OF BU	JSINESS OR IND	JSTRY	11. BIRTHPLAC	CE (State o	or foreign co	puntry)	12. C	TIZEN O	ΕV
-)[		HOUSEWI		'	AT HO	ME		BOON	E. N	CARC	DLINA		U.S	. A
4	13.	FATHER'S NAME					1	4. MOTHER'S N	AIDEN N	AME				
		JACOB F	LETCHER					MART	ISHA	GREEF	3			
	15.		R IN U. S. ARMED FOR		SOCIAL SEC	URITY NO. 17.	INFO	RMANT			Add	ress		
		NO			46-36-	-1514	MR	S. MARY	JO S	SMITH	7 A MA	PLE	DRIV	E
		18. CAUSE OF DEA	TH [Enter only one ca	иза per lic	ne far (a), (þ	), and (c).]	,	^	,	/		/	INTE	RV/
		PART I. DEA	TH WAS CAUSED BY- IMMEDIATE CAUSE (o)	(	ad	CONT	(	. /}	14		11111		ONS	ET ,
		1539	DUE TO			0			17/	1		<del></del>		
		Canditians, if a		١					'					
		gave rise to in cause (a), stating t	mmediate (					-						
		lying cause last.	[c]	)										
	CATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTIO	NG TO DEATH BU	TNO	RELATED TO T	HE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 15	P V
														YE
	CERTIF	20a ACCIDENT WA OR CONTRIBUTING	LI CAUSE OF DEATH I	20b. DESC	CRIBE HOW	INJURY OCCURR	ED (E	nter nature of i	njury in Pi	art I ar Part	II of item 18.)			
		IF EITHER, NOTIFY	MEDICAL EXAMINER)											
	MEDICAL	20c. TIME OF INJURY Hour o. m.	Y Month, Doy, Yeo	20d. It While	JURY OCCU Not wh		LACE	OF INJURY (Ho street, office b	me, form,	20f. (City	or town)	(	(Caunty)	
ı	ME	p. m	19	at worl					-0.7					
		21. I certify the	at Lattended the	decease	ed from	(17)	2)	, 19 ( 4,	to_S	~ ~ }	2 , 19( -	(that I	last sa	w
		alive an	-17-19	_, 12	, a	nd that deat	h ac	curred at d	1000	M, fram	the causes a	nd on I	he dat	e :
		20	2 44 62	1	/	, .					reel, city or town,			
1		SIGNATURE	40Mm	V Y	111/	16,	M D.	80	25 Fu	selag	e Ave.	Balto	20	
4		PHYSICIAN'S	M Dawless											-
ļ		NAME (Type)	M. Rombro											
	22a	BURIAL, CREMATION REMOVAL (Specify)	N, 226 DATE THEREO	F	22c. NAMI	OF CEMETERY	OR CR	EMATORY		22d. LOCAT	ION (City, tawn, c	r county)		
1		BURLAL	5-30-195	59	HINE		TRY			B001		I CAR	OLIN	A
	23.	FUNERAL DIRECTOR'S	SIGNATURE	#1	ADDRE	55	1	r 012	40. RECTP	BY REGIST	345. REGT	TRASES S	CHALLE	EA
N	a	Makent	murakil	bone	2 7	401 Bel	al	L Md 0	ATE					

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

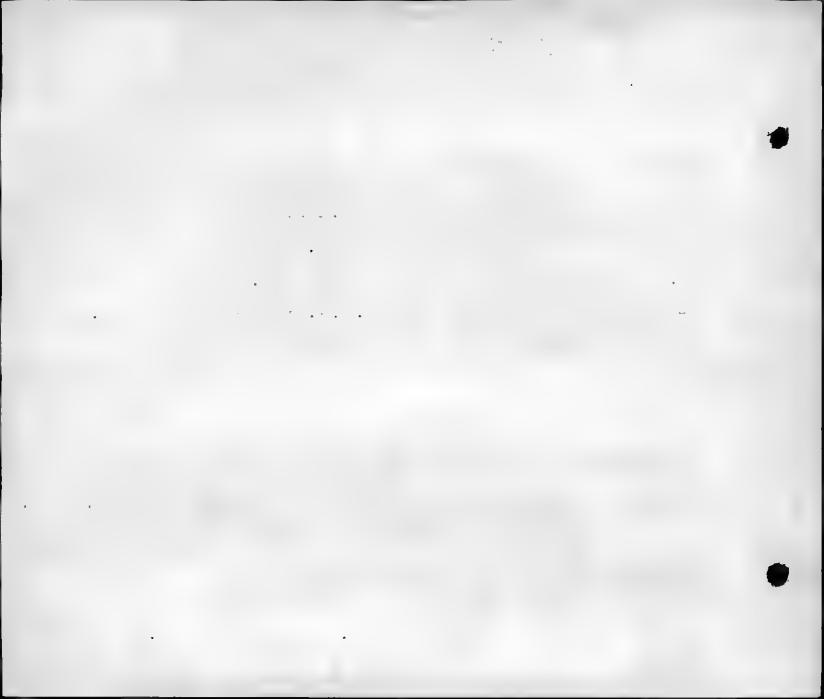
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(State)

CEPTIEICATE OF DEATH Reg. Dist. No. titution. Residence before admission) BALTIMORE rite RURAL and give nearest town) B IS RESIDENCE YES NO-Month Doy 19 5 8 27 IF UNDER 1 YEAR IF UNDER 24 HRS ay) Months Days Hours yrs. 12. CITIZEN OF WHAT COUNTRY U.S.A. Address MAPLE DRIVE INTERVAL BETWEEN ONSET AND DEATH GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO | (County) (State) Lithat I last saw the deceased es and on the date stated above. wn, state) DATE SIGNED Balto, 20, Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05252 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) e. COUNTY b. COUNTY Health, Raltimore MARYLAND Pennsylvania b. CITY OR TOWN 4th outside corporate limits, with RURAL C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) end one centest foun Lancaster Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AGORESS e IS RESIDENCE ON A FARM? 93 Peach Lane Rural YES NO retaine gle NAME OF First Middle Lost 4. DATE Month Year DECEASED 1959 GIT.TCK DEATH May (Type or print) DORIS RLAINE 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years IF UNDER TYEAR 5. SEX IF UNDER 24 HRS B DATE OF BIRTH Months Min. Doys Hours WIDOWED [ DIVORCED [ female whi te Dec. 18. 1930 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? oge 2 Hostess Airplane Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME J. Robert Gulick Pauline M. Haugh form | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Mr. J. R. Gulick - Blossom Hill. INTERVAL BETWEEN 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple extreme injuries DUE TO Conditions, if ony, which) gave rise to immediate cause DUE TO (a), stoting the underlying cours lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES 次 NO F 200. EXTERNAL CAUSE WAS PRIMARY SO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Fart 1 or Port II of item 18 ) Airplane crash 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bidg., etc.) 5:15 P. T. Not while 19 59 Balto. Md. Air over farm Chase of work X of work 21. I certify that I took charge of the remains described above, held an Autapsy [X], Inspection . Inquiry . opinion death resulted fram. Natural causes ... Accident X Suicide . Homicide . Undetermined monner DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Charles O'Donnell though UNER DEPUTY MEDICAL EXAMINER [ NAME (Type) 220. BURIAL CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Greenmount Cem. Burial York, Pa. 9 ADDRÉSS FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE **VS. A15ME** 5M 2/57



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5282 CERTIFICATE OF DEATH

		Reg.	Dist.	Nd	5	2	5	(
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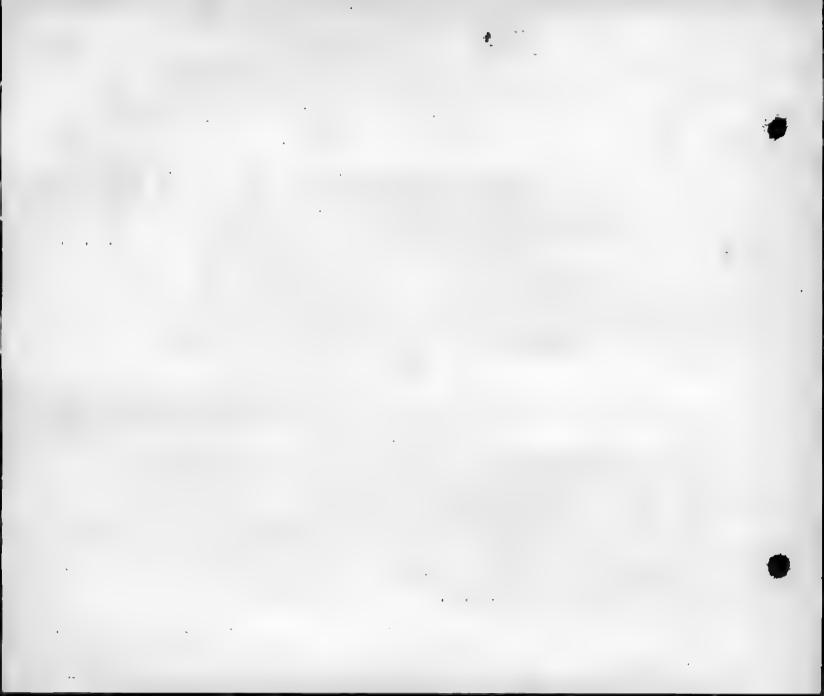
	_				2						F	leg. Dist. I	1907	03
	1. 1	PLACE OF DEATH				2.	USUAL RESID	ENCE (Who	ere deceased			Residence b	efore admi	ssion)
)	ľ	E COUNT	altimore		MARYLI	NND	o. STATE	Mary.	laı d	b. CO	UNTY	Prince	Geo:	rge
		b. CITY OR TOWN (If RURAL and give ne	autside carparate limit	s, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR T	OWN (If or	ulside corpo	rate limits, v	vrite RUR	AL and give	nearest lo	vn) 🐰
			tonsville		llmth23dys	S	Seat 1	Pleasa	ant Ma	ry lan	d	1/ X		
	,	d. NAME OF HOSPITA	LE (If not in haspital, gi				d. STREET A						e. IS RI	ESIDENCE A FARM?
_	L	SPRING CR	OVE STATE	HO	SPITAL		640	Gre:	ig Sti	reet				NO
	3	NAME OF DECEASED	Firs	ı	Middle		Last		4. DATE		Month		Day	Year
		(Type or print)	Marg			- ALC	Istead		OF DEATH		May	20	3	19 59
	5. 5	SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	B D.	ATE OF BIRTH			9 AGE (In lost-byrth	7. The Control of the	UNDER 1 YE		
		female	white	WIDOWI	ED DIVORCED		y 15,	1887		71	yrs.	Aanths Day	rs Haur	Min
	10a	. USUAL OCCUPATIO	N (Give kind af work d ng life, even if retired)	one 10b	KIND OF BUSINESS OR	INDUSTRY	L							T COUNTRY
		housewife					]	Penns	ylvani	ia		[ ੪.	. S	A.
Ĵ	13.	FATHER'S NAME				14	. MOTHER'S	MAIDEN N	AME					
			Linford Ru	th			I	Kate (	Goe					
	15. (Yes	WAS DECEASED EVER	IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT	4			Address			
unknown Unknown Records: SPRING GROVE STATE HOS											SPLTA	L		
											1	INTERVAL BETWEEN ONSET AND DEATH		
		PART I, DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	Ur	emia								714361 7416	DEATH
		422.1	DUE TO											
		Canditions, if an		Ar	terioscler o	tic C:	ardiova	ascula	ar dis	ease				
		gave rise to immediate cause (o), staling the under-												
		lying cause last.	) (c)											
4	CATION	PART III. OTH	ER SIGNIFICANT CONE	_	CONTRIBUTING TO DEAT	_		THE TERMII	NAL DISEAS	E CONDITIO	IN GIVEN	IN PART 1(a	1) 19. WAS PERF	ORMED?
~	ICA.				Diabetes me								YES [	NO 🎇
	CERTIF	OR CONTRIBUTING	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	CURRED. (E	nter nature of	injury in P	ort I ar Parl	I II of item 1	IB ]			
		(IF EITHER, NOTIFY !		7					London					
	WEDICAL	20c. TIME OF INJURY Hour a. m.	, , ,	r 20d, II While	NJURY OCCURRED 2		OF INJURY (I street, affice			or tawn)		(Coun	ity)	(State)
	WE	p. m	19		k at work				1					
		21. I certify the	9.0		ed from Apri									
		olive on	May 20	_, 12_	$52_{}$ , and that d	leoth oc	curred ot							
		ACTUAL	000	all	iclister				ADDRESS (St	· ·		_ ~ ~ ~ ~ ~		DATE SIGNED
		SIGNATURE	muca	1-10	rousier	M D.	SPR	ING	GROVE	STAT	E H	OSPIT/	AL.	5-20-59
1		PHYSICIAN'S	tella Wach	alan	M D		Coto	on card	lle 28	l Mar	er l an	a		
	22.	1771						NI SAT						
	220	BENDYAL Specify)	5/23/59		Colesvil		EMATORY			ON (City.		county]		ote) [d.
	23	FUNERAL DIRECTOR'S			altomore A		e l	24- DECT	BY REGIST			AR'S SIGNA		
		Gasch's			sville. Man		- 1		U M C IC			PH		

uneral director, should be filed with ID HESPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs after death . Page 4 may be retained the hospital or attending physician.

TO FUNERAL DI.

OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

VS A1S (4) 15M 10/57

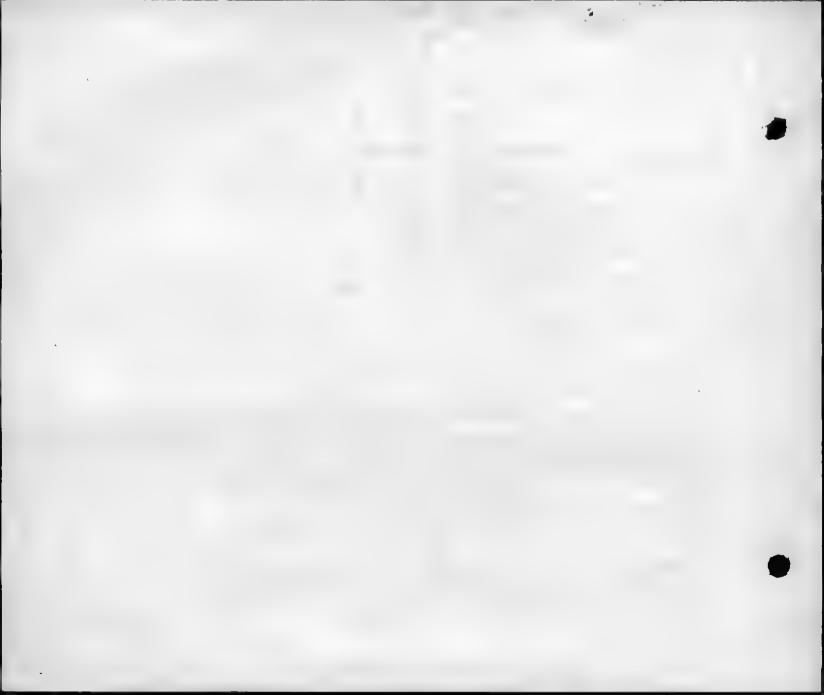


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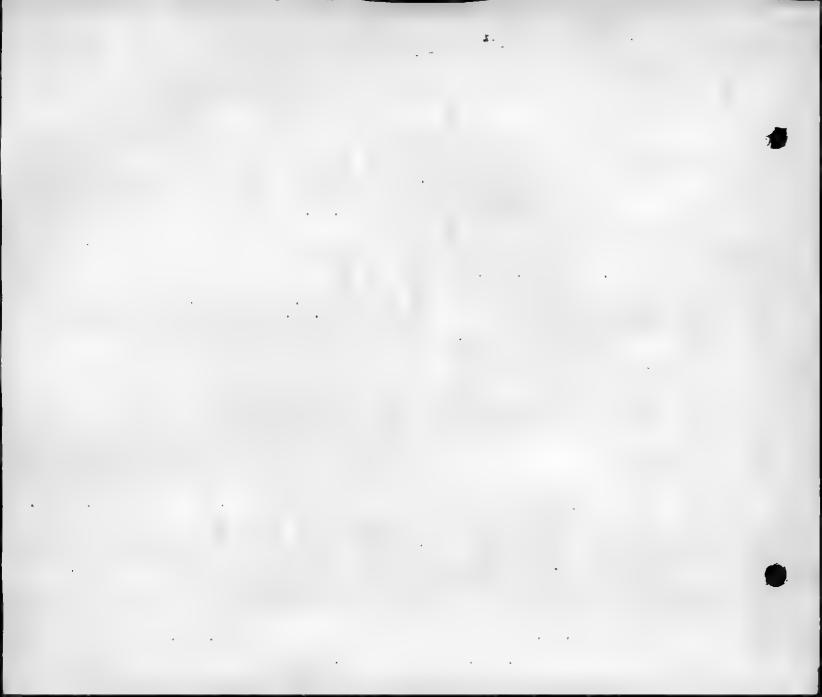
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1 /		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
*		5284 CERTIFICATE OF DEATH
director, iled with		PLACE OF DEATH  PLUTION COUNTY  DE DE FAMARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)  o. STATE  O. STATE  D. COUNTY
the East	一	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
form de A	-	BALTO.  OVERLEA  ON AME OF HOSPITAL (IL not in hospital, give street oddress)  OR INSTITUTION  OF A STORY A FLORIDATE ON A FARM?
4 haur		NAME OF PIST Middle Lost 4. DATE Month Day Year OF OFATH PHILIP OR PHILIBERT HARDN'T DEATH MAY 22 1059
thin 2 ty fille	1-	SEX 6 COLOR OR RACE 7 MARRIED WINEYER MARRIED TIE DATE OF BIRTH - 00 9 AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HPS
complete ath.		1ALE WIDOWED DIVORCED MAY 6 1846 TO SINGLE OF WHAT COUNTRY  USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side of foreign country)  12 CITIZEN OF WHAT COUNTRY
ă Pat		GROCER GROCER AUSTRIA U.S.A.
cian ond corban corban ofter d	13.	JOHN HARANT THERESA KUBELEK
ertifica physic emove 2 hours	15.  Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  a. no or unlargewn] [15 year, give war or dotes of service]  [16] Year give war or dotes of service]
nding eose r	=	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  [INTERVAL BETWEEN CONTROL OF DEATH [Enter only one couse per line for (o), (b), and (c).]
the de hen pl		PART I DEATH WAS CAUSED BY CANCER OF Stomach ONSET AND DEATH 3 Yrs?
s that 3 by th nit. II ny eve		Conditions, if ony, which ) (b)
requires ian signed nsit pern and in a		gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO
physicion os been iol-transaval, a	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
IAN: The ending ficole has bur or rem	CERTIFICATION	20a ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)
PHYSIC il ar off nis certi use as motian,	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Maur o.m.  p. m.  19  20d. INJURY OCCURRED Mhile of work of w
bospilo Affer the ed for		21. I certify that I attended the deceased from 1-28- , 19.57, to 5-22- , 19.59 that I last saw the deceased
of the looks of th		ADDRESS (Street, city or town, stole)  DATE SIGNED
D D D D D D D D D D D D D D D D D D D		SIGNATURE M.D. 1 W. Overlea Ave. 5-23-59
PITAL e retai ERAL 8 3 shoul gistror		PHYSICIAN'S Dr. Richard R. Rigler Balto. 6 1.d.
HOS may b FUN Sec	220	- BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote)
VS A15 (4)	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE
15M 10/57	LA	Deplo 1200 7110 BELAIR RD DATEMAY 26'59 Oriburg S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission rector, your files. o. COUNTY Baltimore **o** STATE **b** COUNTY Georgia MARYLAND b. CITY OR TOWN (If outs de corporate frants wirte RURAL CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Chase Athens d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARMA 190 West View Drive Rural YES NO State retain NAME OF First Middle DATE Lost Yeor DECEASED (Type or print) HAROLD HECKMAN I'M DEATH 12, 1959 M. May 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS lost birthday) Months Hours Min male whi te WIDOWED [7] DIVORCED [ 10 0 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) puo 12. CITIZEN OF WHAT COUNTRY? Clark County, Georgia TISA Student 18. Give Pages 1 with form P.M3. 13. FATHER'S NAME pages 14. MOTHER'S MAIDEN NAME Harold M. Heckman. Not Known File 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT M. Heckman Sr. Addr 190 West View ves 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ) INTERVAL BETWEEN FART I, DEATH WAS CAUSED BY: Multiple extreme injuries IMMEDIATE CAUSE (6) burial-transit X61 DUE TO Conditions, if ony, which gave rise to immediate couse DHE TO (a), sloting the underlying O couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY esed PERFORMED? rů. YES X NO I 200. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18) Airplane crash 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or fown) 20c. TIME OF INJURY Month, Doy, Year (County) (State) factory, street, affice bldg, etc.) While Net while of work Balto. Air over farm Md. Chase 21. I certify that I taak charge of the remains described above, held an Autopsy 2. Inspection . Inquiry  $\square$ . ond in my opinian death resulted from. Natural causes ... Accident X Suicide , Homicide , Undetermined monner ō **ACTUAL** DATE SIGNED SIGNATUR ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER [7] NAME (Type) DEPUT 270. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Burial 9 Oconee Cemeterv Athens. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15ME SONS. INC. Baltimore 5M 2/57

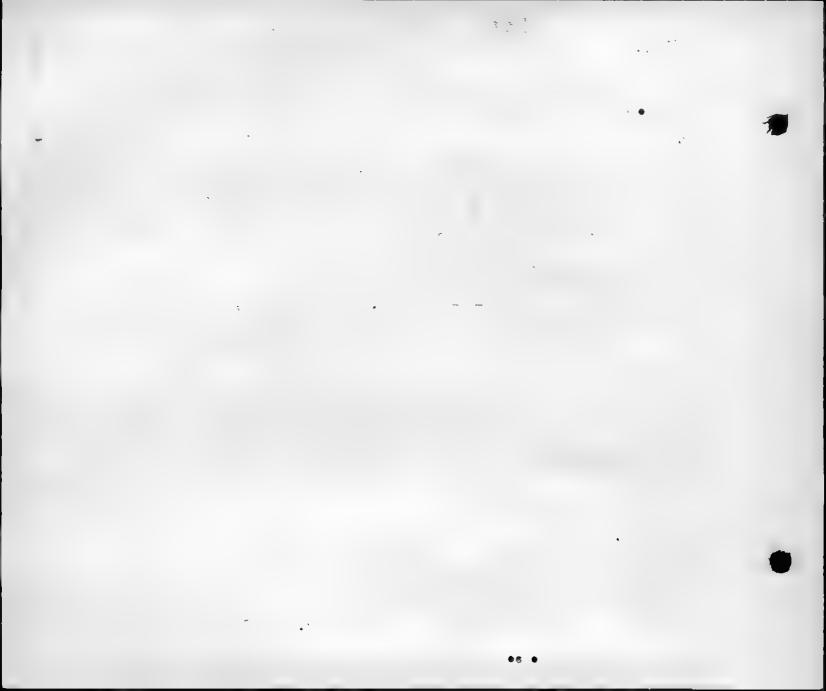


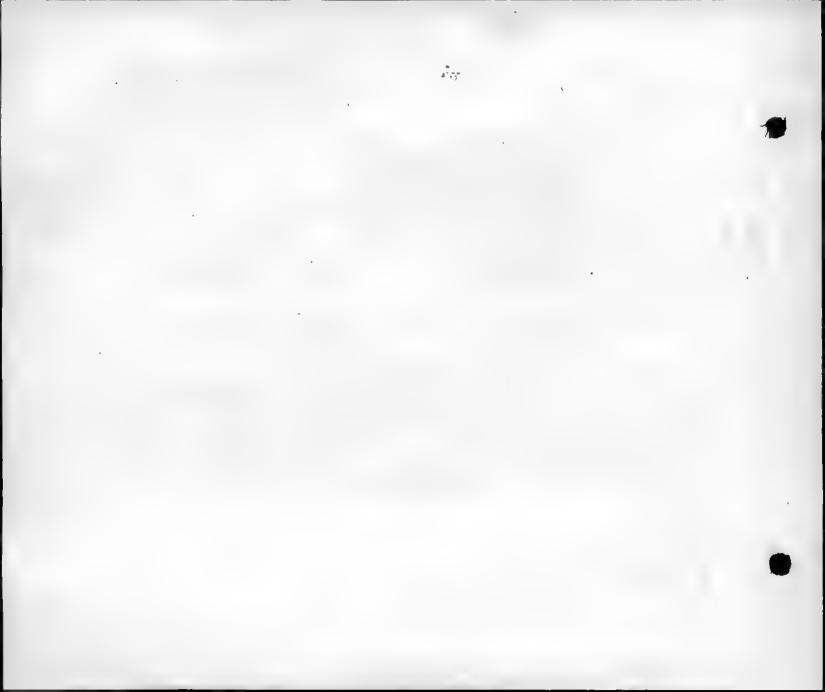
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		DEPARTMENT	OF	HEALTH-BALTIMORE,	18
528	6	CERTIFICATE	OF	DEATH	R

Reg.			A.	17	9	R	7	
Reg.	Dist.	No.	۲,	U	FW.	U	0	

}	1. PLACE OF DEATH  D COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE
	Baltimore MARYLAND	o. SIATE Maryland b COUNTY
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Hereford .	Baltimore 3V0/-4
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e 15 RESIDENCE
	Monkton Road	2709 Boone Street ON A FARM?
	3. NAME OF First Middle	o Lost 4. DATE Month Day Yeor
	(Type or print) ChArles Richard	E15 TALMAN DEATH MAY 10 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	R DATE OF BIRTH
	Male White WIDOWED DIVORCED	May 20, 1875 Shirthdoyl Wonths Doys Hours Min
i	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Painter- retired   Self employed	Maryland USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Augustus Heistermand	Rosa Pindell
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 III	NFORMANT Address
		. Margaret Foster, Hereford, Maryland
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: Corclard.	ONSET AND DEATH
	332 X DUE TO	3 acup
	Conditions if any which ?	
	gove rise to immediate	
	lying cours last	
	(0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
)	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PFRFORMED? YES NO A
		(Enter nature of injury in Part I or Part II of item 1B)
	GR CONTRIBUTING LI CAUSE OF DEATH	
	9 Danie - Marie - Mari	ACE OF INJURY (Home, form, 201. (City or town) (County) (State)
	While Not while of work of work	and the deal of the second of
	21. I certify that I attended the deceased from 4/18	19.57, to 5/10 19.5 2 that I last saw the deceased
	alive an 0/1/59 19 and that death	accurred at 2 P.M. fram the causes and an the date stated above
		ADDRESS (Street, city or town, state)  QATE SIGNED
	SIGNATURE (1. M. Transce	MD. FARKTON Md. 5/10/19
	PHYSICIAN'S A.M. FRANCE	
ı	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF	(5.0.0)
	Burial May 13,1959 Govans Presbyt	erian Cem. Baltimoro, Maryland
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
	John Burns' Sons, Towern, Maryland	DATE MAY 1 3 '59 Outling & Highes





#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

USORE

		()	U	6	U	а
Reg.	Dist.	No.				-

,		PLACE OF DEATH D. COUNTY	BAL/IO	5	288	MARYLAND	2. USUAL RESIDENCE (V o. STATE		ned lived. If institu b. COUNT			idmission)
	Ь	CITY OR TOWN (H a		e RURAL	c. LENGTH OF		c. CITY OR TOWN (II		porate limits, write Fulle			
	°	120 R	aspe Ave.	lf nat in hoss	pital, give street a	iddress)	/d. STREET ADDRESS 120 Raspe	ave l	Balto 6			S RESIDENCE ON A FARM? S NO F
		NAME OF DECEASED	Fir		Midd		Last	4. DATE OF	Month		Day	Yeor
		Type ar print}	ANTHO				REERT	DEATH	May	21		19 59
	5. \$	male	6. COLOR OR RACE	WIDOWED		CED 🗆	10 Marl88	•	9. AGE (in years lost but had doy)  yrs.	Months D	YEAR IF U	Min.
	10a.	. USUAL OCCUPATION	N (Give kind af wark life, even if retired)	dane 10b. K	IND OF BUSINES	S OR INDUST	11. BIRTHPLACE (State	or foreign	country)	12. CITIZ		IAT COUNTRY?
		Salesman-R	etired		Produce 1	Market	Bal timor		yland.		USA	
	13,	FATHER'S NAME					14. MOTHER'S MAIDEN E					
	15	Unkne Was deceased ever			SOCIAL SECURITY	NO IT I	Mai Mai	ry Ur	ıknown			
	(Yes.	, no, ar unknown)	If yes, give war or dates of	sevice)			Frances Herb	ert (w	ife) same			
		NO 18. CAUSE OF DEATH	4. Feder only one cou	ne per line f	16-05-47	VV 1	12010-0 1171-				INTERVAL B	FIWEEN
		PART I. DEATH	WAS CAUSED BY	•			nfarction				ONSET AND	DEATH IEC
		420.1"	MMEDIATE CAUSE (0) DUE TO									
		Canditians, If any		Нур	ertensiv	e Card	iovascular D	iseas	B		unde	t
		gave rise to immedi	ole cause				3 3				undet	
		couse last.	(e)	Atn	eroscler	osis v	daguced				dila	
	Z Q						OT RELATED TO THE TERM	INALDISEAS	E CONDITION GIV	EN IN PART	1(o) 19 W	AS AUTOPSY
)	S		te Mellit	189kno	wn ten y	rs apr	ox.				YES [	
	CERTIFICATION	20g. EXTERNAL CAUS PRIMARY OF CONT CAUSE OF DEATH.	RIBUTING []	b. DESCRIBE	HOW INJURY O	CCURRED. (E	nter nature at injury in Par	t 1 ar Port II	of item 18.)			
	MEDICAL	20c. TIME OF INJURY Hour e. m.	Month, Day, Yes	20d. It White at wor	NJURY OCCURRE Nat while rk at work	facto	E OF INJURY (Home, farm ry, street, office bldg., etc.		y or town)	(Coun	ity}	(State)
	2	p. m.					re, held an Autops	v   1	nspection 🛣,	Inquiry	T as	d find that
		death resulted I	•		-		ide $\prod$ , Homicide		ndetermined c		<b>24</b> , an	ia fina mer
		(			1			Д,	nocie innica c			
		ACTUAL SIGNATURE	1 thm	(0, k	LL		M.D. CHIEF MEDICAL EX	CAMINER [	1		DA	TE SIGNED
,			7				ASSISTANT MEDIC	AL EXAMIN	ER 🔲			
		EXAMINER'S NAME (Type)	John C I	iyle M	סי		DEPUTY MEDICAL	EXAMINER	XI	5-21-5		
	22a	BURIAL CREMATION REMOVAL (Specify)	, 226. DATE THEREC	)F	22c. NAME OF C	EMETERY OR	CREMATORY	22d. LOCA	TION (City, tawn, o	or county)	(:	State)
		Burial	May 25.	1959		altimo			Baltimor			d.
	23.	FUNERAL DIRECTOR'S	SIGNATURE	0.11	ADDRESS		1 : 11	D BY REGIS		TŘAR'S SIGN		
C	6	WARLEY (	Municipal	4/10	111177	C/ Vie	ELLUS PATE A	MAY 2 5	'59 0	lithun S.	Thous	

forworded TO FUNERAL D VS. A15ME(5) 5M 9/55



Meadowridge Cemetery

ADDRESS

Howard H. Hubbard 4107 Wilkens Avenue

Elkr10

24g, REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE

arthur & House

VS A15 [4] 15M 10/57 23 FUNERAL DIRECTOR'S SIGNATURE

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FOR STATE HEALTH DEPT. necessory, please dector. Page ford files.

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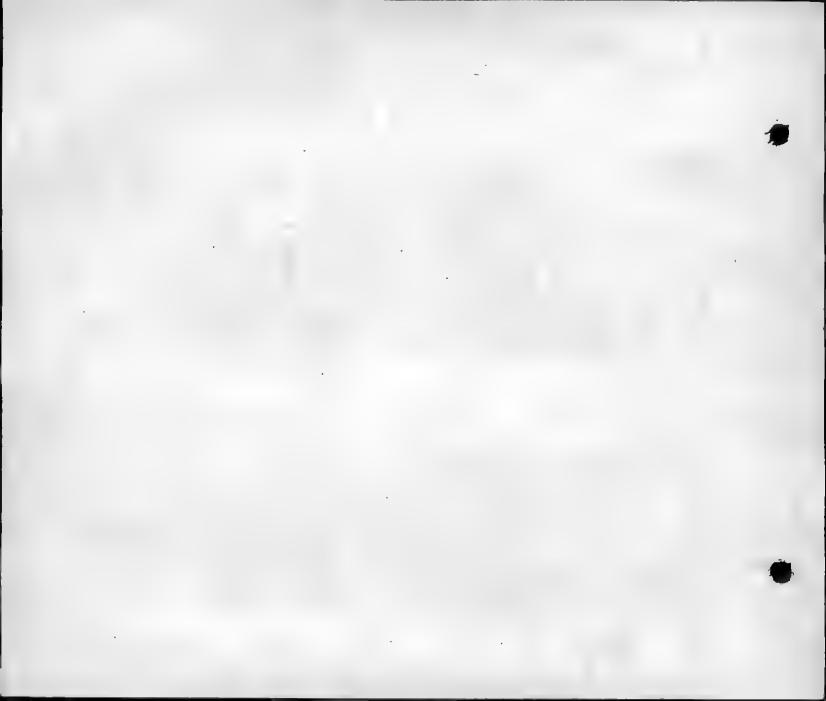
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05267

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.
1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
O. COUNTY BALTIMORE MARYLAND STATE M.D. B. COUNTY
b. CITY OR TOWN (1 outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
RURAL
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   d STREET ADDRESS   e IS PESIDENCE ON A FARM?
BOX # 206 RT. 16 BIRDRIVER KD BOX # 206, RT. 16 BIRDRIVER HOES ON NO
3. NAME OF DECEASED A First Middle Last A. DAYE Month Doy Year
(Type or print) HERBERT FRANCIS HOCKLEY DEATH MAY 23 1959.
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (n years let UNDER 14 HOLS) Months Days Hours Min.
TO ALE WHITE WIDOWED DIVORCED DEC, VI, 1904 3-4 yrs.
100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12 CITIZEN OF WHAT COUNTRY?
FIELD FOREMAN BETH STEEL CO DUNKIPK, N.Y. U. S.A.
13. FATHER'S NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
(Yes, se, or unknown)   (If yes, give war of dates of service)
YES IN. W TL 1213-093214 MARIE L. HOCKLEY SAME
18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:  ONE LUSION  ONE LUSIO
IMMEDIATE CAUSE (o) DICONTITUS
14 20.1 DISOME D
gove rise to immediate couse
(c), stoting the underlying DUE TO
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  YES 1 NO 1
THE TOP BYTESTALL CALLER WAS DON DESCRIPTION TO A PORT OF THE TOP
TRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Slate)  Hour o. m. p. m. 19 at work a
21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
apinian death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner
DATE SIGNED
SIGNATURE M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S MB DAVIS MD ASSISTANT MEDICAL EXAMINER S/YJ/JG
NAME (Type)  DEPUTY MEDICAL EXAMINER   220 RUPLIAL CREMATION 122b, DATE THEREOF   221 NAME OF CEMETERY OF CREMATORY  Table 10 CATION (City fown of county)  (Sanda)
BMOVAL (Specify) 2 / SA
23. EUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  L240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
le harles of Jailey BAITO 14 MD DATEMAY 25'59 Circles & Thomas
BALTO TA NIDI DAIRION

TO DEPUTY MEDICAL EXAMINER: This certif cate should be executed within 24 hours after death. If any detay is necessared to the categories with the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be and and the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to Funeral Directors: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State BCA are its designated agent, prior to burial, cremotion, or removal, and in any eventualitin 72 hours after death. VS A15ME 5M 2,57



TO FUNERAL pode VS A15 (4) 15M 10/57

05268 Reg. Dist. No. b COUNTBaltimore (Rosedale) e. IS RESIDENCE ON A FARM? YES TO NO T Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS

5/12/59 AGE (in years lost birthday) Months

Days 12. CITIZEN OF WHAT COUNTRY?

Thamah Zeigenfuse, 7308 Heinle Ave.

IB. CAUSE OF DEATH [Enter only or	ne couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED IMMEDIATE CAUSED		ONSET AND DEATH
1 1	E TO	- way
Conditions, if any, which	(b) artinos chronist	
gave rise to immediate couse (a), stating the under-	E TO	
lying cause fost.	(c)	
PART H. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CONTRIBUTION CONTRIBUTIO	ATH	

19 Ju. that I last saw the deceased and that death occurred at 5.15 P. M from the causes and on the date stated above.

Citzens Cemetery ADDRESS

24n, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

(County)

(State)

My

(State)

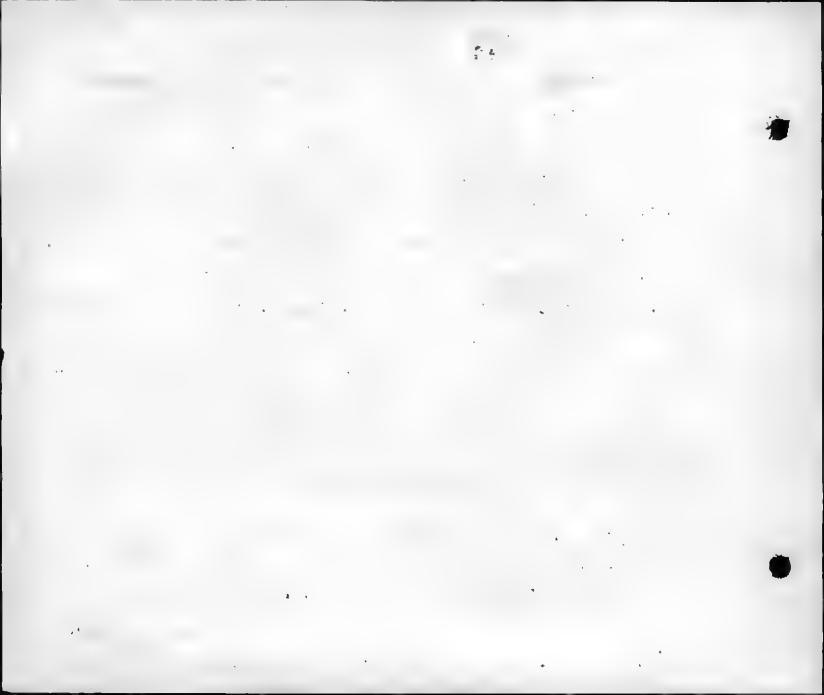
Howard H. Hubbard 4107 Wilkens Ave.

23. FUNERAL DIRECTOR'S SIGNATURE

arthur S. Kroud

**CERTIFICATE OF DEATH** 5292 Rea. Dist. No I director, filed with PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Baltimore Maryland Baltimore eral b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimits, write RURAL and give negrest town) þe RURAL and give nearest town) shauld rural Fork Road Fork vears Rural d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE OR INSTITUTION ON A FARM? Baldwin YES NO X 5 and . 5 NAME OF 4. DATE First Middle Inst Month Day Year Filled OF DEATH DECEASED (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy Months Doys Hours WIDOWED [ DIVORCED [ Pemale papers. 10a. USLAL OCCUPATION (G ve kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) U. S. A. d de ra Gen. Farm Farmer Phoenix, Maryland pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME after mhysician certifigate Mary Elizabeth Brown J. Danial Hurline гета 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT AddreBaldwin 16. SOCIAL SECURITY NO Buipulli Yes Mrs. Maryland 910-191 Clara E. Hurline death a 18. CAUSE OF DEATH [Enter only one couse per line for (b), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 5 requires that the IMMEDIATE CAUSE to the **DUE TO** Conditions, if ony, which paub gove rise to immediate DUE TO couse (a), stating the underlying couse lost. **burial-transit** has been CATION PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remayal, PERFORMED? YES NO P attending 20g ACCIDENT WAS UNDERLYING [7] 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) USe MEDI Hour o.m. While Nat while 19 at work at work D. m 21. I certify that I attended the deceased from. 185 Ithat I last sow the deceased and that death occurred of M, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE prior may be retain TO FUNERAL DI shauld PHYSICIAN'S registrar Tyson William Kingsville. Maryland NAME (Type) 220. BURIAL, CREMAT ON, 226 DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stofe) Burial St. Johns Luthern Sweet Maryland 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR arthur & Kraus VS A15 (4) DATE 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



•	MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	1
	•			

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245 REGISTRAR'S SIGNATURE

Colling & Kentel

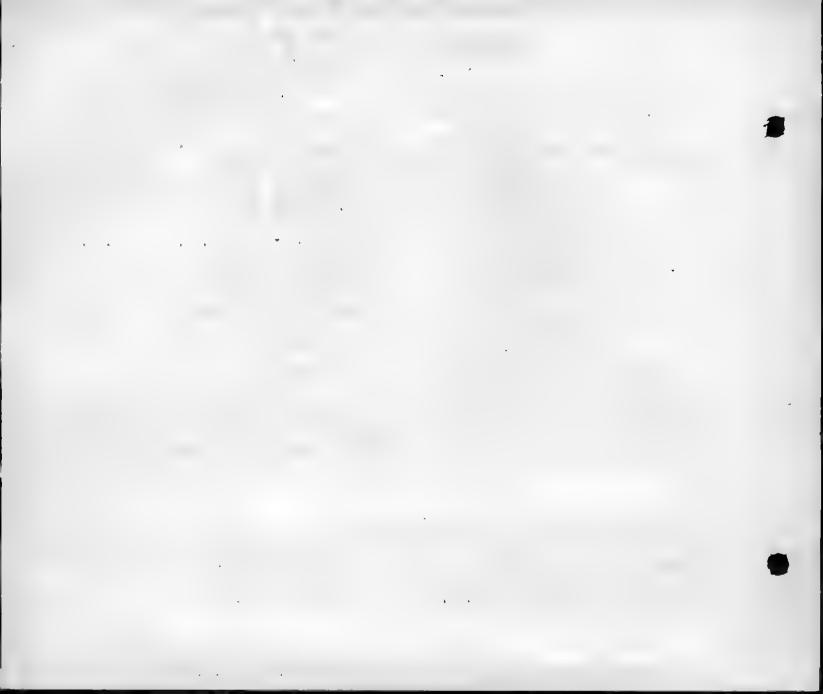
240. REC'D BY REGISTRAR

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution, Residence before admission) o. COUNTY Baltimore b. COUNTY MARYLAND Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest lown) Catonsville lycllmth 12dy Baltimore d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2625 Washington Blvd. YES NO SPRING GROVE STATE HOSPITAL. NAME OF DECEASED Middle Month Year Schleet (Type or print) Agnes Imfang DEATH 20 Mav 19 5 SEX 6. COLOR OR RACE 7 MARRIED K NEVER MARRIED 8 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HPS AGE (In years lost birthdwy Months Doys Hours Nov. 27. 1873 femile white DIVORCED [7] WIDOWED | 10a. USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) housewife Washington , D. C. U. S. A. 13 FATHER'S NAME M MOTHER'S MAIDEN NAME Elizabeth Newman William Schleet 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address STATE HOSPITAL unknown Unknown Records: SPRING GROVE 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY INVIDENTE CAUSE (o). Arteriosclerotic cardiovascular disease DUE TO Generalized arteriosclerosis Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. CERTIFICATION PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES TO NO PA 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port II or Port III of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) While Not while of work of work p. m. 20 19 59, that I last saw the deceased May 21. I certify that I attended the deceased from... and that death occurred of 2:30a M, from the couses and on the date stated above. alive on. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL HOSPITAL PHYSICIAN'S Catonsville 28. Maryland Stella Wachsler. NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF CREMATORY (Stole)

ADDRESS

0 VII A15 (4) 1SM 10/57

23. FUNERAL DIRECTOR'S SIGNATURE



### FOR STATE HEALTH DEPT.

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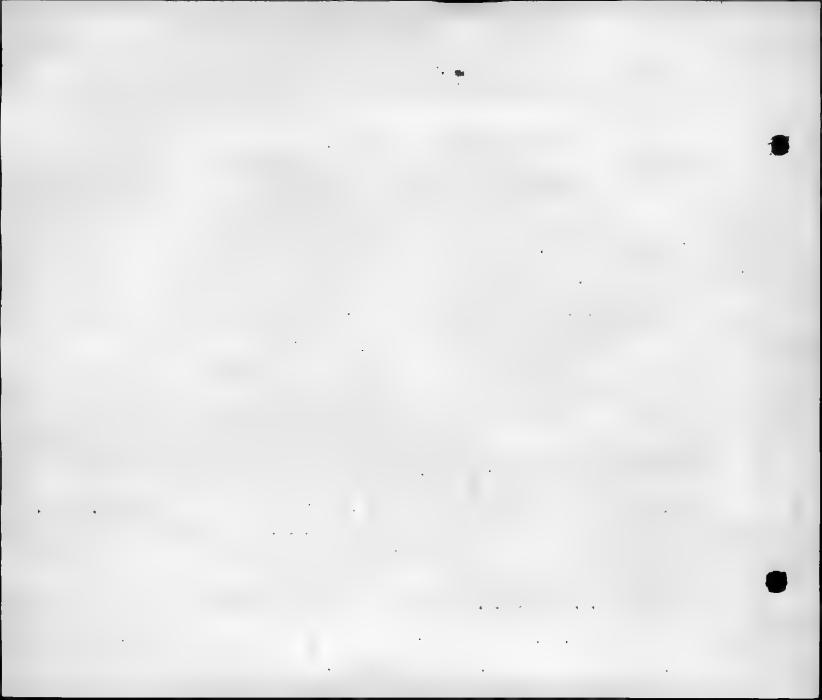
■IDICAL ETHININER: This certificate ■■■16 be executed within 2■ Bours ■ther ■eath. If ony delay is necessary please liftoste, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fane firector. Page warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain for your files.
■■ECTOR: Page 3 should be used as a buriohitonsit permit. File pages 1 and 2 with the State board of Health, gnated agent, prior to buriol, cremation, or removal, and in any event yimn 72 hours after death. designated agent, ute the

YOU DE	S S S S S S S S S S S S S S S S S S S	4 sho	TO FU	20 10
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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							Reg. Dist.	No.() U ( § §
1. PLACE OF DEATH				2. USUAL RESIDENCE	Where deceased	lived. If institut	ion: Residence	before admission)
O COUNTY Bal	timore	5294	MARYLAND	o. STATE NOW	York	b. COUNTY	Huntin	agton
b. CITY OR TOWN (	If outside corporate limits, will in [	FURAL C. U	ENGTH OF STAY IN 16	C CITY OR TOWN (	If outside corpore	le limits, write l	RURAL and give	e nearest town)
Cha	se			Long	Island	•	1 , .	
d. NAME OF HOSPI	TAL OR INSTITUTION (	If not in hospital,	give street address)	d STREET ADDRESS				. IS RES DENCE
Rur	al		According to the second	35 Glen	Way			YES NO
3. NAME OF DECEASED	Fir	şî	Middle	Last	4. DATE	Month	Di	oy Yeor
(Type or print)	ROBERT		ANDREW	JACKSON	DEATH	May	1	L2 19 59
5. SEX	6. COLOR OR RACE	7. MARRIED		DATE OF BIRTH	9.	AGE (In years	FUNDER TYE	AR IF UNDER 24 HKS
M	T.F	WIDOWED 🔲	DIVORCED []	May 23, 192	26	32 yrs.	Months Days	Hours Min
10e USUAL OCCUPATI	ON (Give kind of working life, even if retired)	done 10b, KIND (		TRY 11. BIRTHPLACE (Stot	e or foreign coun	17)	12 CITIZEN	OF WHAT COUNTRY?
Personne	71 - 0 4	Begl	ow & Sanf	ordwaterbus	cy. Con	nicut	USA	A
13. FATHER'S NAME			37	14. MOTHER'S MAIDEN				
Andre	w J. Jack	son		Alma	Fitzmur	rice		
15. WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16. SOCIA	AL SECURITY NO. 17.	NFORMANT		Address		mpopoga.
Yes Yes	W.W. 11	361V:C0}	M	rs.Medelis	e Jacks		same	
18. CAUSE OF DEA	ATH Enier only one cos	se per line for (o)		May all and a second			TIN	TERVAL BETWEEN
	TH WAS CAUSED BY:			and the decidence			0	NSET AND DEATH
861 ×	IMMEDIATE CAUSE (o)	MOTT	iple_extre	me injuries				
	DUE TO							
Conditions, if a								
(o), stoling the								
cause lest.	) (c							
PART II, OT	HER SIGNIFICANT CON	DITIONS CONTRIE	BUT NG TO DEATH BUT I	NOT RELATED TO THE TERM	AINALDISEASE CO	ONDITION GIVE	N IN PART 1(6	PERFORMED? YES NO
20g. EXTERNAL CA	USE WAS 20	TO DESCRIBE HOV	V INITIPY OCCURRED I	Enter noture of injury in Fa	et I as Part II of I	tem 18 1		TIS OF NO.
20g. EXTERNAL CA PRIMARY ID or CO CAUSE OF DEATH	NTRIBUTING	A		coller holdre or injuly it ru	THE OF LESS IS OF L	mani in j		
			ane crash	CE OF INJURY (Home, for	205 (6)	An	16	(61-4.)
20c. TIME OF INJU	Month, Boy, 70	While	Not while faci	lory, street, office bldg , et	m, 1201. (City of	townj	(County)	(Stote)
₹ 5:15 p.m.	5/12 17	59 of work	of work	r over farm	Cha	50	Balto	Md.
21. I certify !	hat I taak charge	af the remo	ins described abo	ve, held an Autop	sy 🔀, Insp	ection [],	Inquiry [	, and in my
opinion death	resulted from: 1	Natural cause	s 🔲, Accident	🔀, Suicide 🔲,	Homicide [	], Undeler	mined man	ner []
	ma		0.					DATE SIGNED
SIGNATURE_	100	aun		M.D. CHIEF MEDICAL E			1-1	DATE SIGNED
EXAMINER'S				ASSISTANT MEDIC	CAL EXAMINER	]	VIIV	1/17
NAME (Type)	M.B. Davis	, M.D.		DEPUTY MEDICAL	EXAMINER	2 7000000000000000000000000000000000000		
220. BURIAL CREMATII REMOVAL (Specify	ON. 776 DATE THEREC		NAME OF CEMETERY OF		226. LOCATION	Y (City, town, or	county)	(State)
Burial	Lay.16.1		w St. Jose		Water	- and Alle	onn.	
23. FUNERAL DIRECTO			ADDRESS		'D BY REGISTRAR		IRAR'S SIGNAT	
H. Sande	r & Sons,	Inc.	Baltimore	, Ma. DATEM	AY 1 5 '59	ari	hun S. th	aud.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 05279 FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived If institution-Residence before admiss an PLACE OF DEATH o. COUNTY Page O. STATE Baltimore files. Heolth, Baltimore b. COUNTY Md. MARYLAND b CITY OR TOWN (If outside corporate 1 m ts, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate Limits, write RURAL and a ve nearest town) and give negres town) Essex /dur Essex jo d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM 543 Welbrook Road 543 Welbrook Rd. YES NO X refaine Stafe 3. NAME OF 4 DATE Yeor DECEASED THERESA JANISH DEATH (Type or print) May 19 5 5 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 FIRS last birthday) Months Days Hours Min. WIDOWED TE DIVORCED [ 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? ond during most of working life, even if retired) housewife home Germany pages 13. FATHER S NAME P.M.3. 14 MOTHER'S MAIDEN NAME Unknown Unknown Š 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wer or dates of service) IVes, on or entenance! Silvano, dght, above Margaret 1B. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420. **DUE TO** Office Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse fost. Era. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO IP 20g. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) 20c, TIME OF INJURY 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year 120f (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour g. m. While Not while of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 7. Inquiry A ond in my arded CTOR: Suicide . Homicide . Undetermined monner Notural causes XI. Accident . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 28 NAME (Type)/ DEPUTY MEDICAL EXAMINER 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) 220. BURIAL CREMATION, 226. DATE THEREOF (Stole) REMOVAL (Specify) Burial Holv Redeemer Cem. Baltimore. Md. 0

**ADDRESS** 

Home, Inc.

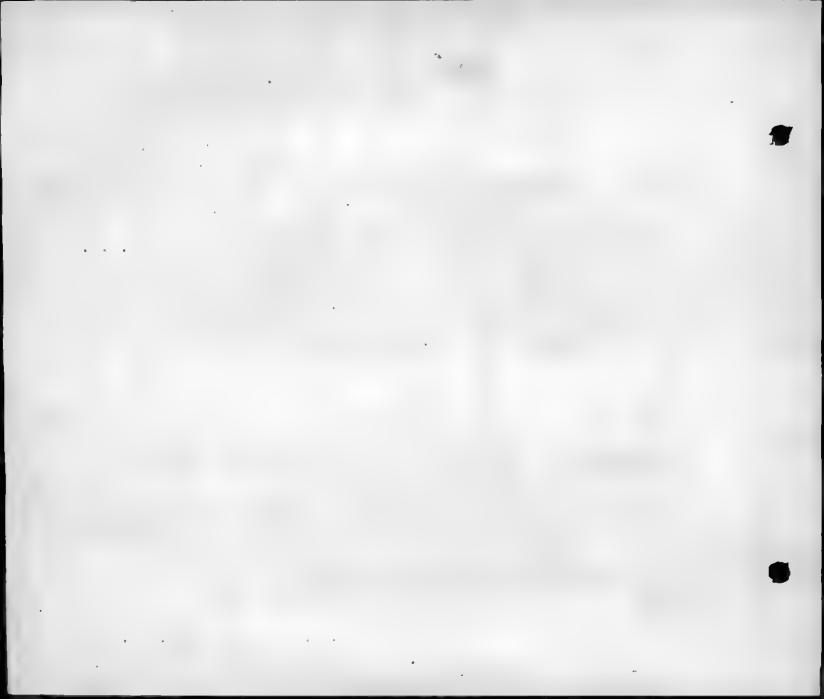
240, REC'D BY REGISTRAR

246 REGISTRAR S SIGNATURE

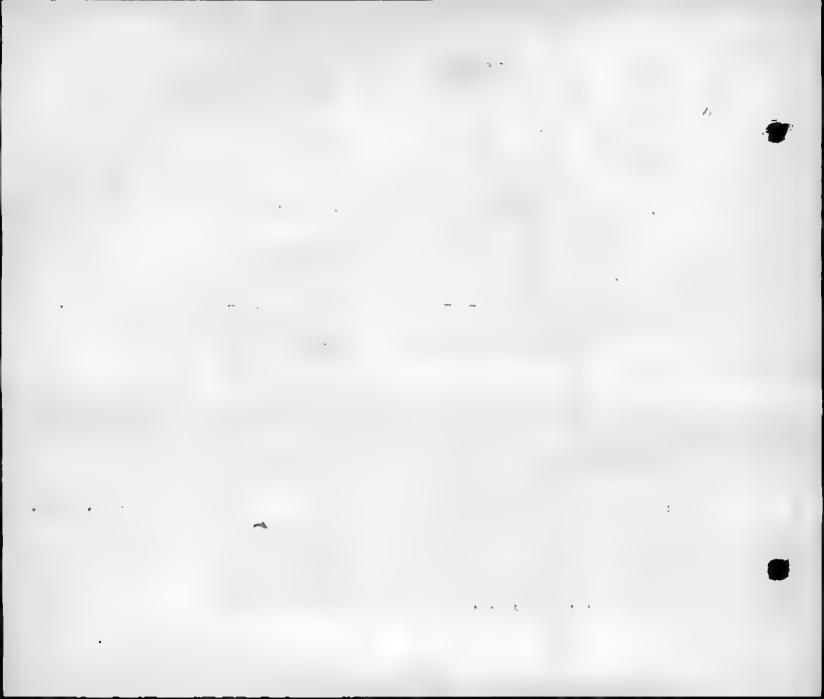
arthur & Kroue

VS. A15ME 5M 2 '57 23. FUNERAL DIRECTOR'S SIGNATURE

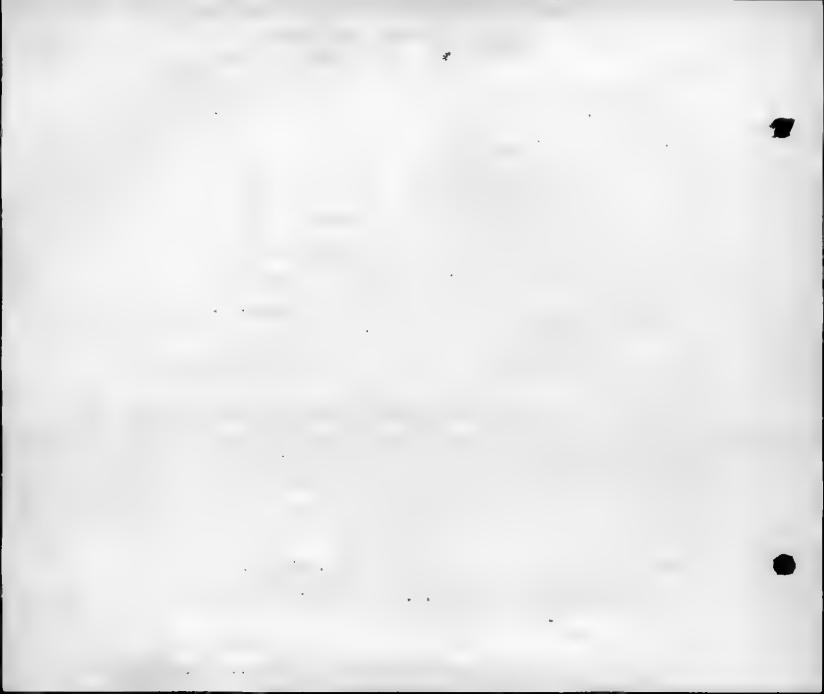
Schimunek Funeral



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE Reg. Dist. No. EALTH DEPT. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY Health, 6 COUNTY Baltimore MARYLAND files. b. CITY OR TOWN I'll outs de corporate kmils, write RUEAL E LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ctor. and give regrest lown] 20 40 Chase New York d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Rural delay is a funeral relatined a State Ba 29 East 64th Street YES NO 3. NAME OF DECEASED 4. DATE First Middle Month Yeor DEATH (Type or print) 19 59 IF UNDER 24 HRS JACK **TRUCK** May 9 AGE (In years IF UNDER TYEAR 6 COLOR OR RACE 7. MARRIED THEY MARRIED THE B. DATE OF BIRTH fort birthday) 27, Months Days Hours Atin. WIDOWED DO DIVORCED F 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if refired) 12 CITIZEN OF WHAT COUNTRY? pup Wisconsin Chemical Vice President Sive Pages form P.M3. 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME Unknown Frank J. Jeuck 9 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address iYm, no, er unknown) (If yes, give war or dates of service) QUID Battle Creek, Mich. Shaw Funeral Home no 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN CINSTI AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Multiple extreme 11 10 1 1 1N DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (a), stoling the underlying cours lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HALLIS, WAS AUTOPSY CERTIFICATION PERFORMED? NO [ 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 11 of Hem 18) Airplane crash 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg, etc.) Not white White Hour XXXXXXX of work of work Air over farm Chase Balto. p. m. 23. I certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection . Inquiry | and in my Srded CTOR: apinion death resulted fram: Natural causes Accident X Suicide | Hamicide . Undetermined manner DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Should UNER DEPUTY MEDICAL EXAMINER TO NAME (Type) M.B. Davis, M.D. 220 BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) 40 **Hemoval** Battle Creek Battle Creek. Mich. ADDRESS. 23. FUNDRAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE **VS. A15ME** 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Sa Se		Ιt	ems 18-21 Film MEDICAL EXAMINER	'S CERTIFICATE OF DEATH  Reg. Dist	I. No.
please exe 4 should be cremation	VI		PLACE OF DEATH 5. COUNTY Baltimore 5200 MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY	ce before admission)
Page 4 burial,		E	o. CITY OR TOWN (If outside corporate limits, write RURAL and give necessal town)		give nearest town)
7 - P		H	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Baltimore  d. STREET ADDRESS	311.1
y is n	050	Ľ.	Fort Howard Hospital	1118 N. Monroe Street	ON A FARM? YES NO
any dela funeral d r yaur fil registrar			NAME OF First Middle	Lost 4. DATE Month	Day Year
		5. 5	Type or print) KRALY	JOHNSON DEATH May	30 19 59
th. If a not for the forethe forethe for the forethe forethe for the forethe for the forethe forethe forethe forethe forethe forethe forethe for the forethe f		3. 3	6. COLOR OR RACE 7. MARRIED NEVER MARRIED COLORed WIDOWED DIVORCED	Months De	YEAR IF UNDER 24 HRS. Dys Hours Min.
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2, and 2 and 2 and 2		6	uring most of working life, even if retired)	Va	
E- 5- /		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
24 hour Pages 1 age II m e pages		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
ive Page		{Yes	no, or unknown) [If yes, give war or dates of section   Ve S	mu Jones - 118 N. M	oraxol st
P.M.3.			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
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exec in the dnsi			7 - 7	cal contusions	
d be			Conditions, if ony, which governise to immediate couse (		
hault afor			(c), stoting the underlying DUE TO		
rificate st nding" in 's Office used as a	2	CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	19. WAS AUTOPSY PERFORMED? YES NO
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Exor Byon			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI	uring altercation  ACE OF INJURY (Home, form, 20f. (City or town) (Count	ly) (Slote)
the y		MEDICAL	Hour 201705 5/26/59 19 While Not while to work of work	ctory, street, off ce bldg., etc.) Street Baltimore	Maryla
Kam Kee Mee			21. I certify that I took charge of the remetos described ab	ove, held an Autopsy 🕱, Inspection 🔲, Inquiry	, and find that
AL E) Chief TOR:		Ш	death resulted from: Natural causes Accident [], Si	uicide , Homicide , Undetermined cause .	_
MEDICA Catal			ACTUAL MUST MISSIA	CHIEF MEDICAL EXAMINER	DATE SIGNED
No. of the second	2	Н	SIGNATURE	ASSISTANT MEDICAL EXAMINER	6/1/59
DEPUTY ute the converded frungranter r removal	O Company		NAME (Type) Paul F. Guerin. M.D.	DEPUTY MEDICAL EXAMINER	V/ =/ J/
		220	BURIAL CREMATION, 226. DATE THEREOF 22C. MAME OF CEMETERY OF DEMOVAL (Specify)	// // //	(Stote)
5 . 5 .		23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	my Callings	mo-
VS. A15ME(5) 5M 9/55			how O. William Ben 1	240. REC'D BY REGISTRAR 9 24b. REGISTRAR'S SIGN	. Tirana
3M 7/33	1		The state of the s	7	



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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05975

	5	299 CERTIFIC	ATE OF I	DEATH	ı		Reg. Dist.		
1. PLACE OF DEATH			2. USUAL RES	DENCE (Wh	era deceased live	d. If institution	Residence b	before adm	ission)
a county Baltim	ore	MARYLAND		Mary la		b. COUNTY		timore	
b. CITY OR TOWN (If outside cor	porote limits, write	c. LENGTH OF STAY IN 16			utside corporate	limits, write RU			
RURAL and give nearest town) Catonsville		25 days		ltimor		2.1	- 1 -	A A	
d. NAME OF HOSP TAL (If not in	haspital, give street	oddress]	d. STREET		<u>'e</u>	<u> </u>		e. IS R	ESIDENCE
SPRING GROVE S	TATE HOSE	PTAT.	3621	Dudlev	Avenue				A FARM?
3 NAME OF	First	Middle	Le		4. DATE	Month		Day	Year
OECEASED (Type or print)	Howaird	Μ.	Jones		OF DEATH	Mav	16	,	19 59
S. SEX 6. COLOR	OR RACE 7 MARE	RIED NEVER MARRIED	B DATE OF BIRT	H	9 A	GE (In years	FUNDER 1 Y	EAR IF UN	
male whit		_	April	29. 18	l lc	ışl birlhdəy]	Months Do	ys Hour	's Min
100- USUAL OCCUPATION (Give kin	d of wark done 10b.	KIND OF BUSINESS OR IND				-	12 CITIZEI	N OF WH/	AT COUNTS
during most of working life, eve Seaman Chief		r Bull li	ne :	Maryla	nd		II.	S. A	4.
3 FATHER'S NAME	/IIB IIIO C	2 2022	14 MOTHER'S					0, .	
* Robert Jones			M	aggie					
IS, WAS DECEASED EVER IN U. S. A		SOCIAL SECURITY NO 17	INFORMANT	-05		Addre	58		
(Yes. no. or unknown) (If yes, give wo	r or dates of service]	Unknown E	ecords:	SPRIN	G G ROV	E STAT	R HOS	PITAI	
18 CAUSE OF DEATH [Enter of	only one cause per lin					0 2111		INTERVAL	
PART I. DEATH WAS CA	LICERS DV.		and all arts a	-1-				ONSET AN	D DEATH
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Conditions, if ony, which )		lvulus of the	deserve		7				
gave rise to immediate	(b) YU	TAGING OF 618	_descend.	THE CO	1011				
couse (a), stating the under-	103								
	ZANT CONDITIONS (	CONTRIBUTING TO DEATH BL	IT NOT RELATED TO	THE TERMIN	VAL DISEASE CO	NDITION GIVE	N IN PART 10	01 19 WA	S AUTOPSY
PANY II. OTHER SIGNIFIC		ed arterioscl						PERF	FORMED?
20g. ACCIDENT WAS UNDERLY	NG 1 206. DES	CRIBE HOW INJURY OCCUR				f item 18 )		163 6	7 140 []
20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (	OF DEATH				• • • • • • • • • • • • • • • • • • • •				
		NJURY OCCURRED 20e. (	LACE OF INJURY	Home, form,	20f. (City or to	owej	[Cour	n luì	(State)
20c. TIME OF INJURY Month, Hour o. m.	19 While of world	Not while 1	actory, street, offic	e bldg., etc.		• • • • • • • • • • • • • • • • • • • •	(000	/1	(alore)
				)	Mars 76	۲۵			
21. I certify that I atten	ided the deceas	ed from Apri	1_21 1923	Z, to	May 16,	, 1922,	that I lost,	t saw the	e deceos
olive an May 16	12	59, and that deal	h occurred of						
ACTUAL ST. 2	20 11	achdir.	(1.73)		ADDRESS (Street,				DATE SIGN
SIGNATURE	ca re	((00)	MD. SP	RING	GROVE S	STATE	HOSPIT	$\Delta L_{-}5$	<u>-18-5</u>
PHYSICIAN'S Stoll	Wachsler	MB			2.5 00				
					lle 28,				
270 BURIAL, CREMATION, 226 DA	-20-59	Oak Lawn C			22d LOCATION	(City, lown, or none Co		(Ste	ote)
23. FUNERAL DIRECTOR'S SIGNATUR		ADDRESS	O W , VOI Y		Ç.	.,			
			not		BY REGISTRAR		RAR'S SIGNA		
William Cook, I	HC., 17)/	JU. PAUL Sti	reet	DATE	MAY 2 0 '59	7 (	Irthur S.	Though	

funeral director, uid be filed with TO HOSPITAL OF ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 OR: After this certificate hos been signed by the ottending physicion and completely filled in by detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 ... to buriol, cremotian, or remayol, and in any event within 72 hours offer deoth. TO FUNERAL DI poge 3 should the registrar pre-

VS A1S (4) 1SM 10/S7



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT ... PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) COUNTY **b** COUNTY files. Heolth, MARYLAND Baltimore Jarvland b. CITY OR TOWN III outside corporate limits, write RURAL E. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outs de corporale limits, write RURAL and give nearest town) Baltimore Sparrows Point Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STREET ADDRESS Bethlehem Steel Disp. 3003 Dunglow Road e funeral retoined 3. NAME OF First 4. DATE Ad. elel be Month DECEASED (Type or print) Clyde Kalkreuth DEATH Norman May 5 SEX 6. COLOR OR RACE 9. AGE (In years MARRIED TO NEVER MARRIED TO B DATE OF BIRTH IF UNDER LYFAR Months White WIDOWED | DIVORCED [ Male 10g. USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 5 West Virginia Pharmaci sts Pharmacy Sive Pages farm PM3. poges ent will 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Paul L.Kalkrouth Lula Rose 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (II yes, give wer or dates of service) no Minnie Kalkreuth same as 18 CAUSE OF DEATH [Enter only one couse per Jing for (o), (b), and (c) Occhusion PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse. DUF TO (a), stating the underlying cours lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT-PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0):19, WAS AUTOPSY 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Egler noture of injury in Part 1 or Port I) of item 18 ) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or town) factory, illeer, office bldg...eic.) While Not while o. m. at work at work D. m. 21. I certify that I taak charge of the remains described above, held an Autopsy 🗍 Inspection 19. Inquiry 7 apinian death resulted fram: Natural causes Accident . Suicide . Homicide . Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER IT **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER (7 220. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) REMOVAL (Specify) Burial 5/6 Oak Lawn Cemetery Baltimore Co., Maryland

ADDRESS

VS. A15ME

23. SUNERAL DIRECTOR'S SIGNATURE

DATE MAY arthur & three

245. REGISTRAT'S SIGNATURE

24g REC'D BY REGISTRAR

e IS RES DENCE

Year

IF UNDER 24 HRS

Hours

12 CITIZEN OF WHAT COUNTRY?

ENTERVAL BETWEEN

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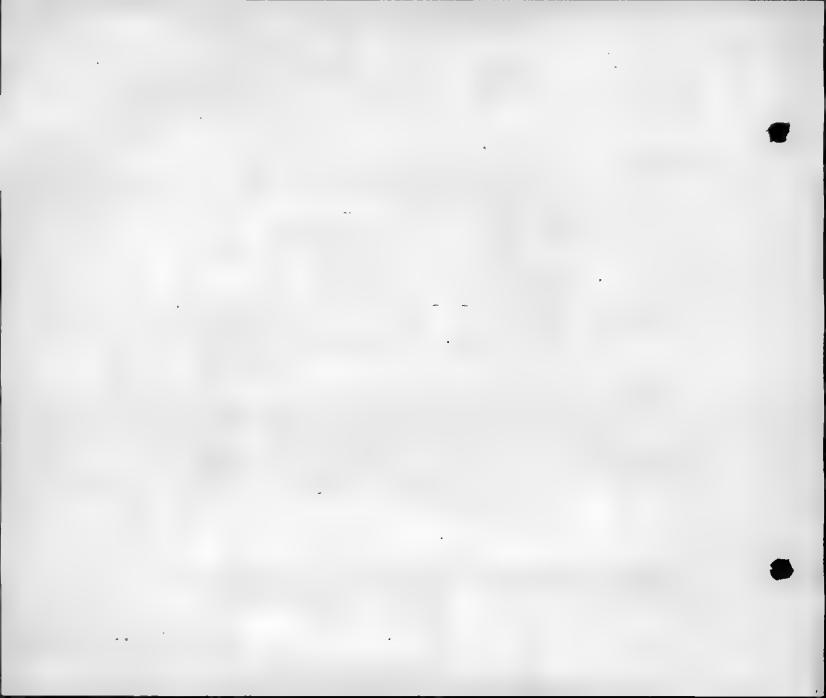
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(County)

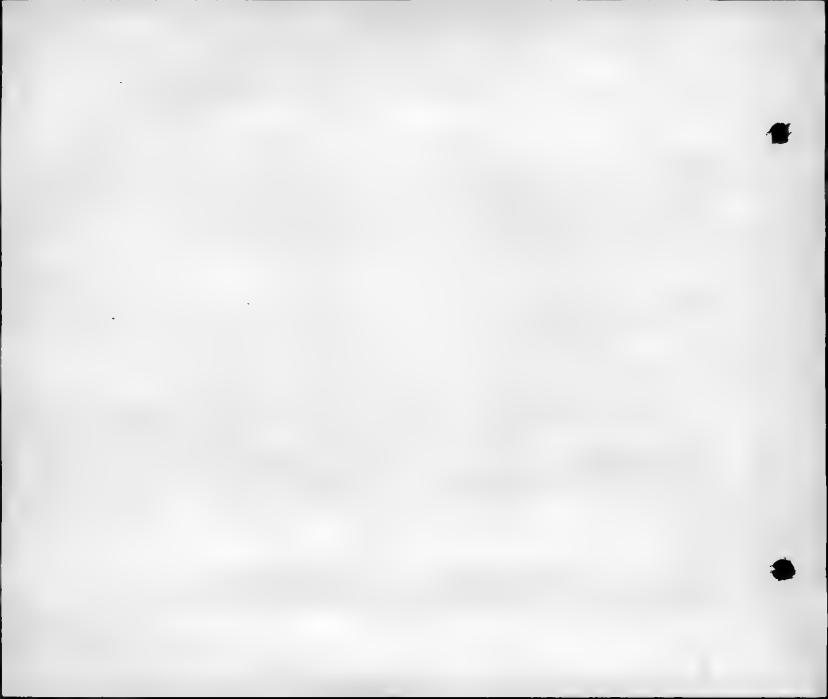
YES 🔲 NO 🔼

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1 1 V	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	5301 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  Them 4 Film G=243-5/26/59-cac Reg. Dist. No. Reg. Dist. No.
HEALTH DEPT.	7. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased fixed. If institution: Residence before admission)
Page Health,	O. COUNTY BALTIMORE MARYLAND STATE MD, B. COUNTY
원 (國) / (國) / (	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
cesson faur d of	M) DDLE RIVER  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS PC IDENCE
Bood X	1702 WILSON PT. RD, #20 ' 3265, BOULDIN ST, YES NO !!
funer funer faine State eath	3. NAME OF First Middle Last 4. DATE Month Doy Year OF
the detection	(Type or prim) LAWRENCE W. KELLNER DEATH May 23 19 59
3 to 3 to mith	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 BASE DE BIRTY 1892 OF MARRIED NOTE PROPERTY HOUSE 24 HRS.  MONTH WIDOWED DIVORCED STATE OF BIRTY 17/1/19 HW
eath. ond 5 md 2 v	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote of Voreign country)
Pogna I an	PETIRED BETH STEEL CO. BALTIMORE, MD. U.S.A.
Poges i PM3. PM3. poges	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
hour Pour Ple po	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT  Address
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A S S S S S S S S S S S S S S S S S S S	18 CAUSE OF DEATH [Enter only one couse per lime for (a), (b), and (c) ]
ited olor olor 1, on	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) [O KONTRY OCCLUSION ]
execting in the second	Conditions if any which as A-5-C-U-DISEASE
rd be ger's O	gove rise to immediate cause
8, 502	couse lost. (c)
ficate sh pending col Exan used as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED TYPES IN 19.
d be	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DESCRIBE HOW INSURY OCCURRED (Enter noture of injury in Part t or Port ti of item 18)
: This he was hief A should a buri	
INER: he Ci ge 3 s	20c TIME OF INJURY Month, Day, Year 20d INJURY CURRED 70e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour a. m. p. m. 19 of work at work at work
Pog .	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my
At EX	opinion death resulted from: Natural causes [7], Accident [7], Suicide [7], Hamicide [7], Undetermined monner [7]
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ACTUAL MICHAEL MAD. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
JTY ME of the chock of the choc	EXAMINER'S M.B. DAVIS MT) DEPUTY MEDICAL EXAMINER 1 5/45/19
N SE	270 BURIAL CREMATION 27b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
0 × 40 ×	BURIALS-26-59, BALTIMORE NATI CEM. 5501 /- REAKRICK AVEDADOMS
VS. ATSME	23 HINERAL DIRECTOR'S SIGNATURE 90 1 5, CONKLINGS - DATEMAY 25 159 Coling & Trans
5M 2/37	BALTOS, LIFT, MP



VS A15 (4) 15M 10/57

<b>MARYLAND</b>	STATE	DEPAI	RTMENT	OF	HEALTH	-BALT	IMORE,	18
	/			.49	a Sec		4 4	

### CERTIFICATE OF DEATH

05279

	2002	5			-		Reg. Dist.	No.	
1. PLACE OF DEATH			2. USUAL RESI	DENCE (Wh	ere deceased li	ved If institute	on Residence	before odmi	strau)
	Baltimore	MARYLAN	ND 0 STATE	Mary	Land	b. COUNTY			
b. CITY OR TOWN RURAL and give	(If outside corporate limits, we	rite c. LENGTH OF STAY IN	16 c. CITY OR	TOWN (If o	utside corporat	e limits, write R	URAL and give	e nearest fav	vn)
Catonsvi		3 days	Balt	imore		€3	V31	4.00	4
d NAME OF HOS	PITAL (If not in hospital, give st	treet address)	d STREET A	DDRESS					A FARM?
SPRING GR	OVE STATE HO	OSPITAL	13	36 Wes	st Lomb	ard Str	eet		_ № □
). NAME OF DECEASED	First	Middle	lo	ł	4. DATE OF	Mon	th	Day	Yeor
(Type or print)	John	Hessie	Kennard		DEATH	Ma	y 25		1559
SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIRT		9	AGE (In years last birthday)	Months Do	_	
male		OWED 7 DIVORCED	-		193	₽@300	monns De	ays Haurs	Min.
during most of w	ION (Give kind of work done orking life, even if retired)	10b. KIND OF BUSINESS OR II						EN OF WHA	T COUNTR
unknown			M	arylar	nd (Che	stertow	m) U.	S. A.	
3. FATHER'S NAME			14. MOTHER'S	MAIDEN N	IAME				
Unkr				mown					
5. WAS DECEASED E	VER IN U. S. ARMED FORCES?		17. INFORMANT			Add	ress		
7eS	W. W. I	Unknown	Records	SPRIN	NG GROV	E STATE	HOSP	ITAL	
	EATH [Enter only one cause p	per line for (o), (b), and (c) ]						INTERVAL B	
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Arteriosclero	tic cardi	vascu	lar di	sease		ONSC! AN	D DEXIII
422.	DUE TO								
Conditions, if		Gene ralizd ar	rterioscler	mosis_					
gove rise to									
lying cause las	- 151								
PART II. C	THER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMI	NAL DISEASE O	ONDITION GIV	EN IN PART 1	(o) 19. WAS PERF	ORMED?
5								YES [	NO 🎇
PART II. CO	VAS UNDERLYING ( 20b. IG ( CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	f injury in f	Part I or Port II	of item 18.)			
		1							
20c. TIME OF INJI	ly ly	0d. INJURY OCCURRED 200 While Not while	<ul> <li>PLACE OF INJURY ( factory, street, office</li> </ul>	Hame, farm e bldg., etc	, ; 20f. (City or ) :	tawn)	(Cou	unty)	(State)
p. m		work at work							
21. I certify	that I attended the dec		18, 1959	, ta0	1 au 25	19.59	,that I la	st saw the	deceas
alive an	May 25 , 1	19 <u>59</u> , and that de	eath accurred at	830 A	.M, fram (	the causes o	ind an the	date sta	ted aba
	31 4 11	0 0			ADDRESS (Street	et, city or town,	stote)		DATE SIGN
SIGNATURE	stella wa	clepler	M.D. SPR	ING (	GROÆ :	STATE	HOSPITA	L 5-	-25-59
PHYSICIAN'S	C11 22 YY	n 9.7 m	Cat	~~~~~~	77 08	Maryla	500		
NAME (Type)	Stella Wachs			O119 A T	110 20,	ren. A rs	117	*****	
20 BURIAL, CREMAT	ION 226 DATE THEREOF 93	The waster of	AT IN SANEL EN TO	1 Cem	22d. LOCATIO	N (City, fown, i	or county)	(Sta	ste)
Burial Specif				<del>Sem</del> .	Balt	imore	M	iar yla	nd
3. FUNERAL DIRECTO	R'S SIGNATURE 4600 L	iberty Heights	Ave.	240. REC'I	BY REGISTRA		STRAR'S SIGN		
Glerumi	El Counas	201		DATE JI	יכ ו אני		, - p   20	- separation	



# ALTH DEPT. files. Health,

form File p

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0528n

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) PLACE OF DEATH a. COUNTY **b. COUNTY** Raltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (If outside corporate limits, we fee RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give recrest town) Middle River Middle River IS RESIDERA 1 d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES NOT Glenn L. Martin Co. Eastern Ave. 20 Left Aileron St. Aero Acres 4. DATE Ymor 3. NAME OF DECEASED DEATH 1959 (Type or print) May King George IF UNDER TYEAR IF UNDER 24 HRS 9 AGE (In years 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH last birthday) Months Days Hours Dec. 9, 1923 WIDOWED [7] DIVORCED [ Male 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 32 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Aircraft Baltimore. Md. USA Painter 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Pauline McCaulev Benjamin G. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. If yes, give wor or dates of service) Mrs. Jeanette H. King 20 Left Aileron St. INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one course feet line for (o), (b), and (o)) ONSER AND DEATH PART 1. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate couse **DUE TO** (o) stating the underlying cours fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160) 19, WAS AUTOPS PERFORMED? NO: 200. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of Nem 184) 20d INJURY OCCURRED | PLACE OF INJURY (Homer form, 201. Month, Dgy, Year Not while of work of work 21. I certify that I taok charge of the remains described above, held an Autapsy . Inspection ... Inquiry 17. Suicide . Homicide . Undetermined manner opinion death resulted fram: Natural causes , Accident II **DATE SIGNED** 

NAME (Type)

DEPUTY MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER

22d LOCATION (City, lown, or county) 22c NAME OF CEMETERY OR CREMATORY

Belair, Md.

REMOVAL (Specify) Rurial 23. FUNERAL DIRECTOR'S SIGNATURE

220. SURIAL, CREMATION 275. DATE THEREOF

Belair Memorial Gardens

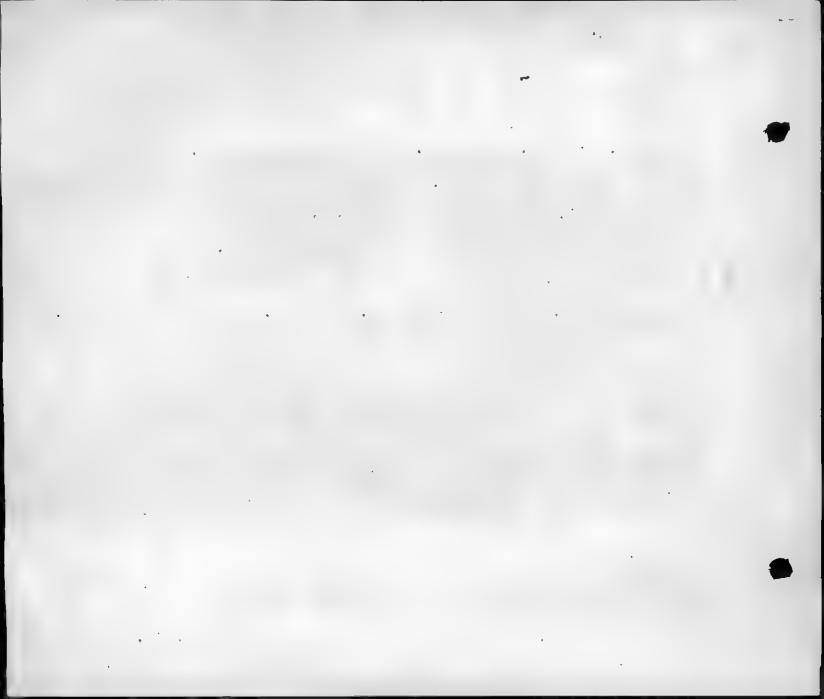
240 REC'D BY REGISTRAR DATE MAY 2 2 159

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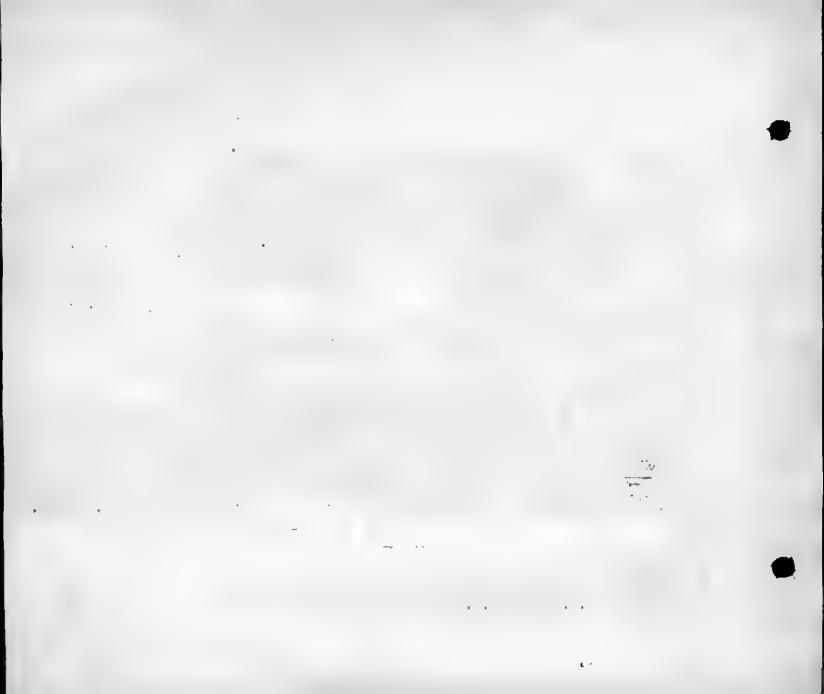
24b. REGISTRAR'S SIGNATURE

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0 VS. A15MII



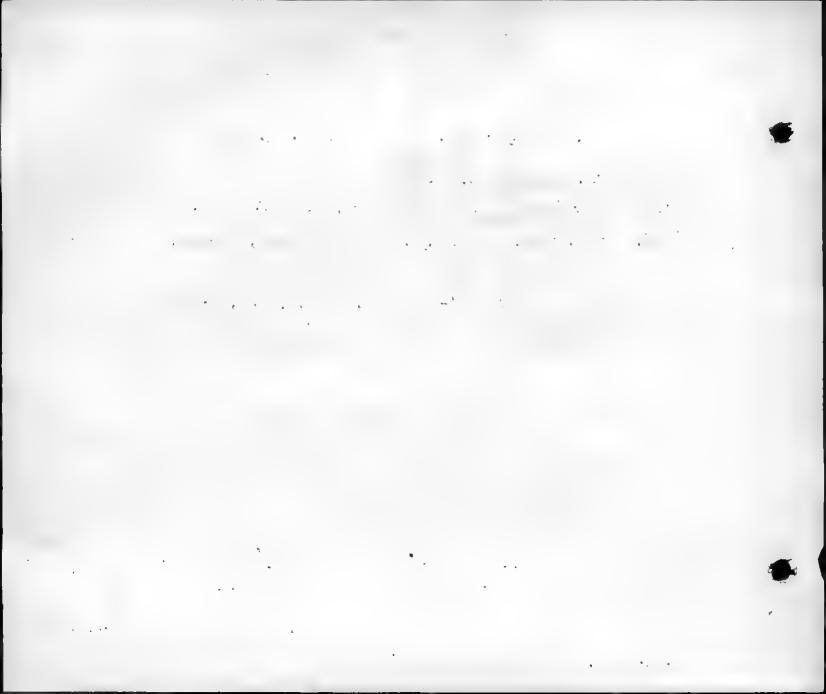
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. FALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived It institution: Residence before admiss an) PLACE OF DEATH o. COUNTY 6 COUNTY **Baltimore G STATE** fles. Heolth, MARYEAND New York b. CITY OR TOWN III outside corporate limits, withe fulfall A LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 200 Chase (Oakdale Parkdal . d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADORESS e IS RESIDEN TO ON A FARM? Rural YES TO NO TO Tdle Hour Rlvd. 3. NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 1959 KENNISH KTNKADE May 9. AGE III VAGE IF UNDER TYPAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH lest birthday! Months Hours Min WIDOWED DIVORCED [7] puo ted within 24 hours after death, tem, 18. Give Pages 1, 2, and along with form PM3, lage 5 it permit. File, gages 1 all 2 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Shell Oil Co. Grundy Co., Mistouri Research M. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Robert Kinkade Minta Neff 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Haas Funeral Home, Bethany, Missouri 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Multiple extreme injuries IMMEDIATE CAUSE (a) Office 861X DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (o), stating the underlying couse lost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160/179. WAS AUTOPSY PERFORMED? Chief Medical Eshould be used NO [ 200. EXTERNAL CAUSE WAS PRIMARY 20 or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 4 or Part II of Item 18.) Airplane crash MEDICAL 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, +20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) factory, street, office bldg., etc.) Not while of work of work Air over farm Cha sa 21. I certify that I took charge of the remains described above, held on Autopsy (1), Inspection 1. Inquiry . CTOR: Suicide . Homicide . Undetermined monner opin on death resulted from: Natural causes . Accident . DATE SIGNED A should be to FUNDER IN FUNDER IN THE ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE **EXAMINER'S** DEPUTY MEDICAL EXAMINER F NAME (Type) M.B. Davis. M.D. 22d LOCATION (City, town, or county) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY (Stote) Willis Chapel Cematery Brimson, Missouri ADDRESS 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE VS A15ME Vm. Cook, Inc., 1217 St. Paul Street DATE MAY 1 5 159 Cx1 30 8 4 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No.() HEALTH DEPT. PLACE OF DEATH BALTTHORE 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before administration COUNTY Fles. 5. COUNTY MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) der of F OF HOSP.TAL OR INSTITUTION (If not in hospital, give street address) N A FARM? YES NO retained e State B 3. NAME OF Middle Lost DECEASED (Type or print) 6 COLOR OR RACE 9. AGE (In yours MARRIED | NEVER MARRIED IFUNDER TYFAR IF UNDER 24 HRS Months Hours DIVORCED T WIDOWED F 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Poge dusing most of working life, even if retired) File pages 1 or BINEE 13. FATHER'S NAME Poges n P.M3. M. MOTHER'S MAIDEN NAME 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse **DUE TO** (e), stating the underlying couse fost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179, WAS AUTOPSY PERFORMED? YES [ NO I 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20d INJURY OCCURRED | 20c) PLACE OF INJURY (Home, form, 120), (City or town) Month, Doy, Year (County) of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry D and in my Suicide . opinion death resulted from: Natural causes 1. Accident | Homicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220 BURIAL CREMATION 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) REMOVAL (Specify) 240. REC' BY FEG STINK VS. A15ME 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 5308 Reg. Dist. No. 5284 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) p COUNTY Filed b. COUNTY MARYLAND Baltimore County death. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town! Maryland Wilson, 0 d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM Wilson State Hospital Mt. YES NO NAME OF Middle DATE DECEASED (Type or print) LAWRENCE DEATH 10.5 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years fost birthday) yrs. IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys DIVORCED IN WIDOWED ["] 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 1 di ring most oftworking life, even if retired) IELEPHONE CLERK corban G000 W11 13. FATHER'S NAME move ( U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Hospital Records, Mt. Wilson State Hospital 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DXC **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOWUNJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. Not while of work of work p. m 21. I certify that I attended the deceased from 125 T. that I lost saw the deceased and that death occurred at 8-52 At M, from the causes and on the date stated above. alive an ADDRESS (Street, city or town, stote) **DATE SIGNED** ACTUAL SIGNATURE Wilson. PHYSICIAN'S William Newcomer, M.D. Superintendent NAME (Type) BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Imma an county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 245, REGISTRAR'S SIGNATURE V5 A15 (4) HUDSON ST. DATE JUN 2 arthur S. Krous 15M 10/57



funeral director, requires that the death certificate be executed within 24 haurs after death. Page in by and 2 the attending physician and campletely filled. Then please remove carbon papers. Pages 1 ivent within 72 hours after death. TO FUNERAL DI page 3 shauld be a the registrar prior t

		UŁ	SU J	AIL OI BEAIL		Reg. Dist. No.			
1.	PLACE OF DEATH			2 USUAL RESIDENCE (W	here deceased lived. If institution	Residence before admission)			
•	BALT	IMORE	MARYLAND	o. STATE MARYI	LAND 6. COUNTY	BALTIMORE			
Ī	b. CITY OR TOWN (IF	outside corporate limits,	write c LENGTH OF STAY IN 16		outside corporate limits, write RU				
	RURAL and give nea BALDWI			BALDV	WIN				
_	d. NAME OF HOSPITA	L (If not in haspital, give	e street address)	d STREET ADDRESS		e IS RESIDENCE			
	OK 713111011014			BALDWIN	MILL ROAD	YES NO X			
.	NAME OF DECEASED	/ First	Middle	1 J last	4. DATE Month	Doy Yeor			
	(Type or print)	Lec	Jackson	Kyle	DEATH M2	4 28 1959			
. :	SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS			
	/V)	WV	VIDOWED DIVORCED	Sept. 9.1	884 735	Months Doys Hours Min			
)a	. USUAL OCCUPATION	N (Give kind of work doing life, even if retired)	ne 10b. KIND OF BUSINESS OR INDU	STRY 11 BRTHPLACE STOLE	or foreign country)	12. CITIZEN OF WHAT COUNTRY			
	FARMER	a me, e-en il temenj	OTHER FARMS	MARYLAN	1D	USA			
3.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	JAM	es kyle	A	ANNIE BY	TRD				
5. Yes		IN U. S. ARMED FORCE		INFORMANT	Addre	33			
NO NONE 212-18-4448 MRS. KATIE I. KELE BALDWIN									
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  [INTERVAL BETWEEN CONSET AND DEATH									
	PART I. DEATI	H WAS CAUSED BY: IMMEDIATE CAUSE (o)_	Uremia	)		ONSEL AND DEATH			
OUE TO									
	Conditions, if on		Arterio sul	erotic	CVI				
į	gove rise to im couse (a), stating th								
	lying couse lost.	) (c)							
2	PART II. OTHE	R SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	H PART 1(0) 19. WAS AUTOPSY PERFORMED?			
			rdi2/ 11,5	ufficien i	- Carr	YES NO II-			
CERTIFIC	20a ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY N	UNDERLYING []   21	B. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Port II of item 18.]				
	(IF EITHER, NOTIFY N	REDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Day, Year	20d, INJURY OCCURRED 20e Pl While Not while fo	ACE OF INJURY (Home, form sciory, street, affice bldg., etc.	n, 20f. (City or town)	(County) (State)			
ME	p. m.	19	of work of work	,					
	21. I certify tha	t I attended the d	leceased fram DCC	1958, 10/	ndy 1959	that I last saw the decease			
	alive an/	42 m 24	, 19 <u>57</u> , and that death	accurred at 4 E		d on the date stated above			
	6	11.1			ADDRESS (Street, city or town, st				
	SIGNATURE WA	elliam a	11 / ypon	M.D	Kingsville	Md 5-28-5			
	PHYSICIAN'S LA	711	1		7	<del></del>			
	NAME (Type)	11112m	17, 14504		WINE COT SECUTION TO THE SECUTION SHE ARE SECUTION TO THE SECUTION				
20	BURIAL, CREMATION	, 22b DATE THEREOF	22c. NAME OF CEMETERY O		22d LOCATION (City, lawn, or	county) (Stole)			
	BURLAL	5/31/59	FORK METHOD	IST CHURCH	FORK	MARYLAND			
jiji .	ELINERAL DIRECTOR'S	SIGNATURE	A DODRESS	21 4561	0 04 05015TD 10 04 05015T				

TOWSON MARYLAND

VS A15 (4) 15M 10/57

JOHN BURNS SONS!



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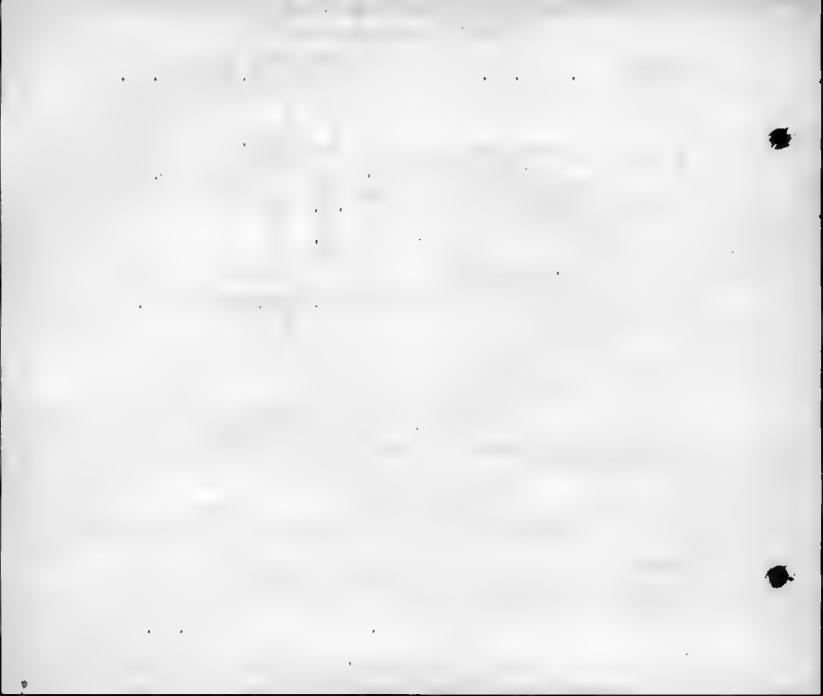
5308 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

	ACE OF DEATH					2 USUAL RESID	ENCE (Whe	re deceased			nce befo	ore odmis	ion)
		Baltimore		MA	RYLAND	Maryland b. COUNTY Baltimore							
b.	CITY OR TOWN (II RURAL and give ne	f outside corporate limits, orest lawn)	write	c. LENGTH OF STA	AY IN 1b	c. CITY OR TO	OWN (If ou	tside corpoi	rate limits, write	RURAL and	give ne	grest tow	1}
F	ort Howar	d		12 Days		7	altim	ore					
d.	OR INSTITUTION	AL (If not in haspital, give	street ac	ddress)		d STREET AD						e. IS RES	FARM?
V	eterans A	dministrati	on Ho	ospital		5 Ger	man H	ill R	oad			YES [	
DE	AME OF ECEASED ype or print)	LAST 50X LAYDEN		(NMI)		FIRST MEK LPHONSO		4. DATE OF DEATH	MAY	inth d	22		Yeor 1959
s. SE	x MALE		· MARRIE	DIVOR	RIED K	B. DATE OF BIRTH 4/14/91			9 AGE (In year) last birthday)	Months	R I YEAR	Hoves	ER 24 HRS Min
Oo.	USUAL OCCUPATIO	N (Give kind of work doi ing life, even if retired)	ne 10b K	IND OF BUSINESS	OR INDU	TRY 11. BIRTHPLA	CE (Stole o	r foreign co	untry)	12. C	TIZEN (	OF WHAT	COUNTRY
	Machinis		<u></u>			Winfal 14 MOTHER'S			rolina		J.S.	A	
	.1	AMES LAYDEN				MA	RY JO	RDAN					
5. W	VAS DECEASED EVE	R IN U S ARMED FORCE		OCIAL SECURITY N	NO. 17 II	NFORMANT	44 00		Ad	dress	ý		
	es .	If yes, give wor or dates of servi		18-18-691	18 C1:	n.Record	ls.Vet	s.Adm	.Hospita	al.Ft	How	ard.	Md.
CATION	Canditions, if an gave rise to ir couse (a), stoting thing cause last.  PART II. OTH	the under DUE TO  (c)  RENAL FAILU	TIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO		IAL DISEASE	CONDITION G	IVEN IN PA	U	PERFC	dN
		MEDICAL EXAMINER		RIBE HOW INJURY									
MEDICAL	Oc. TIME OF INJURY Hour a. m p. m.	f Month, Day, Year	While	Not while at work	20e PL/ foo	NCE OF INJURY IH tory, street, office	ome, form, bldg., etc.)	20f. (City	or iawn)		(County)		(State)
a s		at / affended the d			at death	19.59, occurred at_	1:25F	M, fram DDRESS (St	the causes reet, city or town	and an i	the da	ite state	
	VAME (Type) T.	BRUCE SMIT	н, м	L.D.		VAH	FORT	HOWA	RD, MAR	YLAND			
	BURIAL, CREMATION REMOVAL (Specify)	5-23-195	9	22c. NAME OF CE					ION (City, town.		RTH	CARO	
3. FL		SIGNATURE INC.	1217 X <b>MX</b>	SPORES	l St.	Badto	ACT . RES'R			ISTRAR'S SI	UZANQ	RE	

may be reta VS A15 (4) 15M 10/57









5312 CERTIFICATE OF DEATH il director, filed with PLACE OF DEATH, 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND ero b. CITY-OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) be RUPAL and give nearest town) should Calousur d. NAME OF HOSPITAL (If not in haspital, give street address)
OP INSTITUT ON d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 2. 4. DATE NAME OF Middle Year DECEASED Pages (Type or print) DEATH 12.5 9 AGE (In years 5 SEX 6. COLOR-OR RACE 7. MARRIED NEVER MARRIED B DATE OF IF UNDER 1 YEAR IF UNDER 24 HR igst bisthday) Months Days DIVORCED [ WIDOWED papers. executed сошр 10a. USUAL OCCUPATION (Give k nd of work done during rost of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. puo þę 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 6 200 certificate physicia гетаче 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO NFORMANI attending death 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH D. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o the requires that þ Conditions, if ony, which been signed gove rise to immediate **DUE TO** cause (a), stating the underlying cause lost burial-transit physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? 0 hos YES NO Z ottending 200 ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 11 of Item 18.) certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) MEDI Hour om White Not while 19 ot wark of work 21. I certify that I attended the deceased from That I last saw the deceased alive on death accurred at TLT\_M, fram the causes and an the date stated above. DR: ADDRESS (Street, DATE SIGNED ACTUAL prior SIGNATURE may be retain FUNERAL DIRE should PHYSICIAN'S NAME (Type) 22b DATE THEREOF JULE AL. CREMATION. 22d LOCATION 💽ty, town, or county) (State) abod REMOVAL (Special he 10 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) Cirilmy S. Krous DATE JIN 15M 9/58



## FOR STATE HEALTH DEPT.

is necessory, please conference. Page your files. Board of Health, 

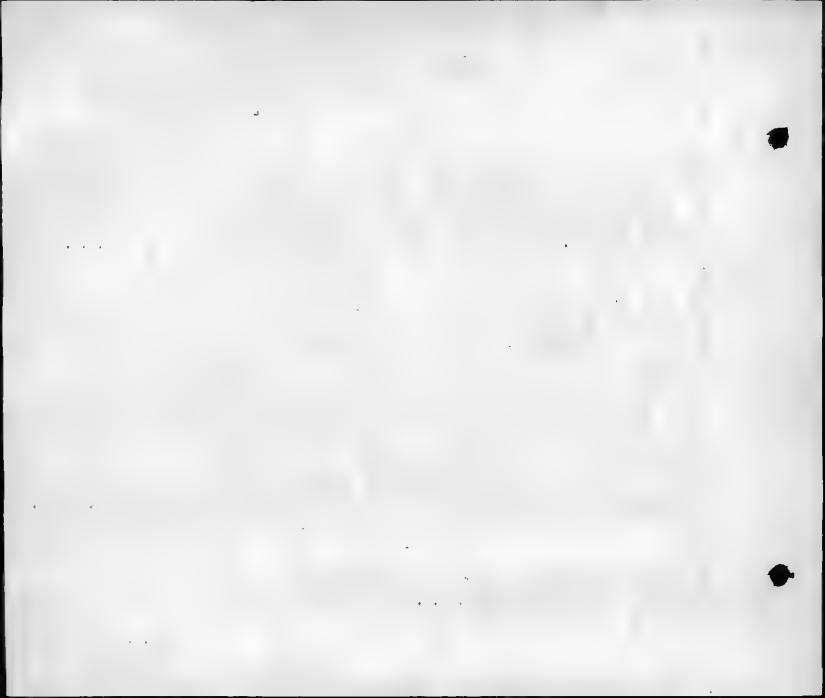
to EEUTY MEDICAL ELANIMER: This certificate should be executed within 14 hours after death. If any delay is execute the Chificote, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral should be harded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to Funeral Line 1997. The Funeral Line 1997 and 2 with the State by Its Funeral Line 1997, page 3 should be ested as a burial-transit permit. Filty pages, I and 2 with the State be at designated agent, prior to burial, cremotion, or removal, and in any frest within 72 hours after death

VS ATSME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

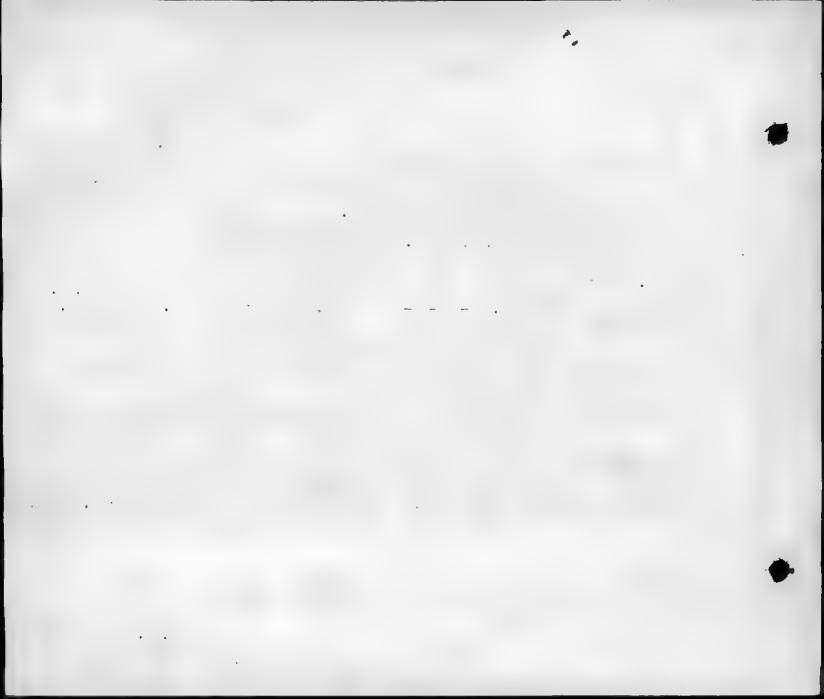
05291 Ren. Dist. No.

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1,	PLACE OF DEATH	-	53	13	- 11	ESIDENCE (V	Where deceased live		Residence before	odmission)
	Baltin	nore		AARYLANI	o STATE	New .	Jersey	b. COUNTY	Union	
1	b CITY OR TOWN (It outside and give recreat fown)	le corporate limits, write I	URAL	c LENGTH OF STAY IN 16	€ CITY (	II) MWOT SC	outside corporate	limits, write RUR.	At and give neare	est fown)
4_	Chase					Rose.	Ll# Park		. 7×	
	d NAME OF HOSPITAL O	R INSTITUTION (IF	nat in hos	pital, give street address)	d. STREET	ADDRESS	-1			IS RESIDENCE
	Rural					215	Sheridan	Avenue	Y	E5   NO
3.	NAME OF DECEASED	First		Middle		osl	4. DATE OF	Month	Day	YEOT
	(Type or print)		MAS		LOG		DEATH	May	12,	1959
5.	SEX 6.		MARRIE	D NEVER MARRIED	B DATE OF BIR	тн	9 AC		INDER TYPAR IF	UNDER 24 HRS
	Madke	***************************************	WIDOWED			1 1918		TCT Aur	Doys I ne	MIS MIN,
	during most of working life	e even if retired)		IND OF BUSINESS OR INDU	STRY 11, B RTH	PLACE (State	or foreign country	) [1]	2. CITIZEN OF W	
A	sst Traffic	Mgr.	Be	edding Mfgrng		Scot	land		U.S.	A.
13	. FATHER'S NAME				14. MOTHER					
	William			-		Euphre	enia Gree	nhill		
	. WAS DECEASED EVER IN	s, gove war or dates of se-	vica)		INFORMANT			Address		
L	Yes Wo	rld 11	113	19-10-8454   1	irs, Hen	nriett	a Logan	As ab	ove	
	18 CAUSE OF DEATH		per line f	for (a), (b), and (c).]				*/****	INTERVAL ONSET AN	BETWEEN ID DEATH
	PART I, DEATH W	'AS CAUSED BY: EDIATE CAUSE (o)	Mul	tiple_extreme	injurie	8				
	01 K	DUE TO		-						
	Conditions, if any,									
	gove rise to immediate (a), stating the under									
	couse lost.	(c)								
Ž	PART II, OTHER S	IGNIFICANT COND	TIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED T	O THE TERM	NAL DISEASE CON	IDITION GIVEN I	N PART 1(0) 19. Y	VAS AUTOPSY ERFORMED?
13									YES	
CERTIFICATION	20g. EXTERNAL CAUSE V PRIMARY To or CONTRIB CAUSE OF DEATH.	VAS	DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of	injury in Par	I I or Part II of iter	n 18 }		
1				Airplane cra						
MEDICAL	20c, TIME OF INJURY	Month, Day, Year	MAST.		ACE OF INJURY	(Home, fornice bldg., etc	20f. (City or for	wn)	(County)	(5)ote)
ME	5:15 p.m	5/12 195	9 01 40	rii 🔛 of work 🔣	Air ove			е	Balto.	Md.
	21. I certify that I	I took charge	of the r	emoins described ob	ave, held o	n Autops	y 🔀, Inspec	tion [], le	nquiry [],	ond in my
	opinion death rest	ilted from: N	otural c	ouses . Accident	X. Suici	de 🔲, 🗆	Homicide 🔲,	Undetermin	ned monner	
		1 1-	-5	7	20					
	SIGNATURE CE	racles	10	Donnel	CM.D CHIEF	MEDICAL E	(AMINER		D)	ATE SIGNED
	EXAMINER'S				ASSIST	TANT MEDIC	AL EXAMINER 📑		7	/ /
	NAME (Type)	harles 0'	Donne	11, M.D.	DEPUT	Y MEDICAL	EXAMINER []			12/59
22	REMOVAL (Specify)	226. DATE THEREOF		22c. NAME OF CEMETERY C	R CREMATORY	***************************************	22d LOCATION	City, town, or co	unly)	(Stole)
	Removal	W	959	Graceland	(emoria)		Andrew Committee of the	worth N.		
23	FUNERAL DIRECTOR'S SIG	SNATURE .	0	ADDRESS		1	D BY REGISTRAR	24b. REGISTRAI		
	Willyam	1 X dic	kner	1+ Ams		DATE M	AY 1 4 '59	arthu	or S. Hinna	
-	Then + 12	yna a	resi							AND THE PERSON NAMED IN



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STAT EALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Page files. Heolth, Baltimore MARYLAND New York b. CITY OR TOWN (H autside corporate I mits, write RURAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate l'mits, write RURAL and give nearest town) 17 50 Lathams 90 Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? h West Glenwood Dr. Rural YES NO 0.0 3. NAME OF Stat Middle A. DATE Month Yeor DECEASED 1959 H (Type or print) ALBERT MAGGS DEATH May 5. SEX 6 COLOR OR RACE 7. MARRIED 12 NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE (In years IF UNDER LYEAR IF UNDER 24 HRS Months Hours M'n. White Male WIDOWED DIVORCED [ Dec. 1. 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Massachusetts U. S. Gov't. Consulting Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Address Lathams, N. Y. 15. WAS DECEASED EVEN N U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or waknown) Mrs. Hilda Maggs - 4 W. Glenwood Dr. With C 6 World War Nol. 1 -073-20-9184 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] NTERVAL BETWEEN peri ONSET AND DEATH IMMEDIATE CAUSE (6) Multiple extreme injuries DUE TO Conditions, if ony, which ] gave rise to immediate couse DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS PERFORMED? NO F 20g. EXTERNAL CAUSE WAS PRIMARY DEOF CONTRIBUTING CAUSE OF BEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) Airolane crash 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f (City or fown) 20c. TIME OF INJURY Month, Doy, Year (County) (Stole) factory, street, office bldg., etc.) Not while While Balto. Md. 19 59 of work at work & Chase Air over farm 21. I certify that I took charge of the remains described above, held an Autapsy [2]. Inspection [7]. Inquiry . opinion death resolted from: Natural causes . Accident x Suicide . Hamicide . Undetermined monner DATE SIGNED ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER IDAMESTS. Charles O'Donnell DEPUTY MEDICAL EXAMINER [7] NAME (Type) 220. BURIAL CREMATION, 276 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Colonie, N. Y. Burial Memorys Garden ADDRESS 24o, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

5M 2/57



1 h.		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		5315 CERTIFICATE OF DEATH Reg. Dist. No. (15293)
director, iled with	)	1. PLACE OF DEATH Salting 2. USUAL RESURFICE (Where discosed lived. A institution, Residence before defission) o. STATE Recryption COUNTY
funeral		b. CITY OR TOWN (If particle corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If pulling corporate limits, write RURAL and give nearest town)
n b	×	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 2827-A-Cub Help 1, d. STREET ADDRESS OR INSTITUTION 2827-A-Cub Help 1, d. STREET ADDRESS ON A FARM? YES NO
hin 24 h		3. NAME OF DECEASED (Type optint)  6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. PROPEOF BIRTH 1. DOCK 19 SAGE (In years) IFUNDER 1 YEAR IF UNDER 24 HRS.
npletel		While WIDOWED   DIVORCED   May 1887   lost birthday) Months Days Hours Min
and can		100. USDAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BINTH LACE trades or foreign country 12. CITIZEN OF WHAT COUNTRY?  TO STATE S NAME  13. FAFFE'S NAME
physician smare carl haurs after	7	Henry V. Becker. Foura Deinitter
th certil ling ph se rem n 72 ho		(Yes, no, or unknown) (If the crywood cyrelens of service) — Hong, Same
the dea e altenden nen plea		18. CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  ONSET ADDODEATH  ONSET ADDODEATH
es that ed by th mit. Th any eve		Conditions, if any, which recrose. Ay previenseive Cartel Vasc. 5 typs
requir		code (a), storing the under- lying couse lost.
The law 3 physic has bee vrial-tra maval,	, ^	PAP II. OTHER SIGNIPICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF WEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED YES NO
ctan:		20g. ACCIDENT WAS UNDERLYING TO COURSED. (Enter nature of injury in Part I or Port II of item 18.)  20g. ACCIDENT WAS UNDERLYING TO COURSED. (Enter nature of injury in Part I or Port II of item 18.)  20g. COUNTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20g. TIME OF INJURY Moorh, Day, Year 20g. INJURY OCCURRED 20g. PLACE OF INJURY (Home, figure, 120f. (City or lown) (State)
PHYSI ital ar a this cer ar use a cr use a		Hour o.m. 19 While Not work of work of work of work of work
ENDING he hasp R: After ached F burial, a		21. I certify that I attended the deceased from 1950, to 1950, to 1950 without I last saw the deceased alive an 1950, point that of death occurred at 1950, from the causes and an the date stated above.
De del		ACTUAL TOUR TO KASUR M.D. 900 Transford DATE SIGNED
PITAL C ERAL D 3 should gistrar pi		PHYSICIAN'S FRANKT KASIKY Ballo 14 high
may b o Funi page (		220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)  REMOVAL (Specify)  Mareland Memorial  Battimore, Md.
VS A1S (4) 1SM 97SS	×	240. REC'D BY REGISTRAR 24b. REGISTRAR 24b. REGISTRAR 24b. REGISTRAR 2515 CALLING 2. HAMB



YS A1S (4) 15M 10/57

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Ttem 7.Film G242,5-15-59,mmd
5216	Frem (Frim GZLZ,5-15-59, mmd

0100 CERTIFICATE OF DEATH Reg. Dist. No. 05294

*	1. PLACE OF DEATH c. COUNTY Baltirore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY						
	b CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate limits, write RURAL and	give nearest town)				
	Catonsville	23vr6mth3dys	Baltimore	3 V J 1	4.				
	d NAME OF HOSPITAL (If not in hospital, give : OR INSTITUTION	street address)	d STREET ADDRESS		e IS RES DENCE ON A FARM?				
-	SPRING GROVE STATE	HOSPITAL	32 North Mor	ntford Avenue	YES NO				
	3 NAME OF First DOTA. (Type or print) DOTA.	Middle Phillips	lost Mann	4. DATE Month OF DEATH MG 4	Day Year 9 19.5-9				
	D 7   1 2 2 4   WI	MARRIED NEVER MARRIED DIVORCED DIVORCED	November 30	9 AGE (In years IF UNDE tost birthday) Months 1875 63 yrs.	R I YEAR IF UNDER 24 HRS Days Hours Min				
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106 KIND OF BUSINESS OR INDUS		or foreign country) 12. C	TIZEN OF WHAT COUNTRY?				
'	housewife	at home	Poland	7:	alound U.S.A.				
	13. FATHER'S NAME		14 MOTHER'S MAIDEN N						
	George Phillips		Anna	?					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES!  (Yes no or unknown)   (If yes, give wor or dates of service)		THAMSGI	Address					
	unknown		ords: SPRING	G GROVE STATE HO	COPITAL				
ĺ	18. CAUSE OF DEATH [Enter only one cause				INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	M days							
	x 6 0 DUE TO								
	Conditions, if any, which	144							
	cause (a), stating the under DUE TO	gove rise to immediate							
	lying cause tast. (c)	144							
,	PART II. OTHER SIGNIFICANT CONDITIO			NAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED?				
	3 Generalized arter								
	UR CONTRIBUTING LI CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	). (Enter nature of injury in f	Part 1 or Part II of item 18.)					
	# 1	20d. INJURY OCCURRED 20e. PLA White Not white	CE OF INJURY (Home, form tory, street, office bldg., etc.	20f. (City or town)	(County) (State)				
	p, m, 19	of work of work		<u></u>					
	21. I certify that I attended the de	ceased from March 1	19.59, ta_7	ay 9 , 1959, that I	last saw the deceased				
	alive on May 8	19.57 , and that death	accurred at 4 17		the date stated above.				
	D. 2	0 . 6		ADDRESS (Street, city or town, state)	DATE SIGNED				
	SIGNATURE JELLES	rbaiskar,	M.D. SPRING	GROVE STATE HOSP	ITAL 5/9/59				
	PHYSICIAN'S BRUND RE	ADAUJ'KAJ'	Catonsv	ille 28, M ryland	/ / /				
	220. BURIAL, CREMATION, 226. DATE THEREOF SULF 191 5/11/59	22c. NAME OF CEMETERY OR HOLY Redeeme		Baltimore, Md.	(State)				
	23. FUNERAL DIRECTOR'S SIGNATURE Charles E. Schimunek 3331 Brehmis Lane	Funeral Home	240. REC'T DATE N	D BY REGISTRAR 246. REGISTRAR'S SI	GNATURE 2. Thena				



# FOR STATE HEALTH DEP s necessary, please schor. Page your files. Bourd of Health,

N

TO DEPUTY MEPICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If any delay is n execute the case, writing the ward "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the functor 4 should be in worded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relained TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Bo or its designated agent, prior to buriof, cremation, or removal, and in priy event within 72 hours after death.

VS ATSME BM 2/57

5317

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

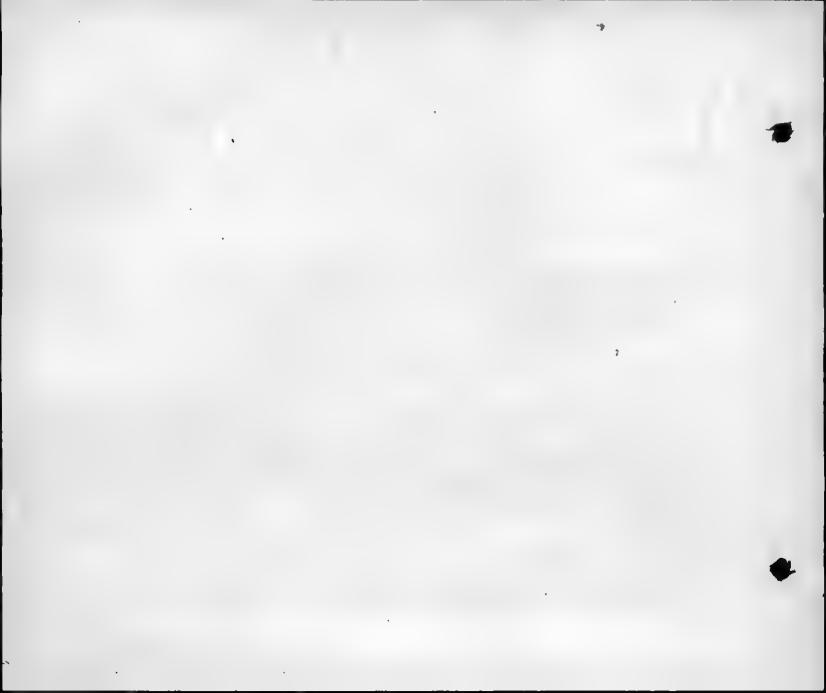
Reg. Dist. No. 15295 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH	1.3				2 USUAL RESIDENCE (V	Vhere deceas				ore admissian)
	timore		MARY		New		ь. со		Seaford	
b CHY OR IOWN (	wulside corpora e fimils, write.)	RURAL	c LENGTH OF STAY	N 16	c CITY OR TOWN (II	ants de carp	parote imits, v	ereter R	URAL and give ne	rorest own)
Cha					LONG	ISLANI	) - War	ta	gh	
d. NAME OF HOSP T	AL OR INSTITUTION (IF	not in ho	spital, give street address	)	d STREFT ADDRESS		c Lane		<b>.</b>	e. IS RETIDUNCE
Rus	al				2015	Brook]			LANCE - VIII III III	YES NO
3 NAME OF DECEASED	First		Middle		Last	4. DATE		Santh	Doy	Year
(Type or print)	THO	MAS			MANNIX	DEATH	M	lay	12,	1959
5. SEX	6. COLOR OR RACE	7. MARRI	ED DONEVER MARRIED		DATE OF BIRTH		9 AGE (In year leaf buthday)	-		IF UNDER 24 HES
male	whi.te	WIDOWE	D DIVORCED [	o [A	pr. 6, 1922			yrs,	Months Days	Hours Min.
On USUAL OCCUPATION	ON (Give kind of work de	one 10b. I	KIND OF BUSINESS OR I			ar foreign c	ountry)		12. CITIZEN OF	WHAT COUNTRY
Manager	g me, even il remed)	Rei	gal Textile	Con	o N.Y.					
13. FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME				
Patrick Ma	nnix				Delia Mo	(llen				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. IN	FORMANT	-61-L-d <sub>2</sub> (-0-3-3)	Add	ress		NT 35
Yes, no, er unknown)  Ves	World War	T T		1.1			7 77		**	N. Y.
	TH (Enter only one coust	abab I	for (a) (b) and (a) 1	<u>R</u>	antagh-Abbey	rune	CST HOM	19		
									ONSET	VAL BETWEEN I AND DEATH
Taki i, bia	IMMEDIATE CAUSE (o)	Mul	tiple extre	ne i	njuries					
861X	DUETO									
Conditions, if a										
gove rise to immed (a), stating the										
couse lost.	(c)_									
FART II. OTH	IER SIGNIFICANT COND	ITIONS CO	ONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERM	NAL DISEASE	CONDITION	GIVE	N IN PART 1(a) 19	. WAS AUTOPSY
PART II, OTH									1	PERFORMED?
20g EXTERNAL CAL	ISE WAS 206	DESCRIB	E HOW INJURY OCCUR	PED (E	ter nature of injury in Par	L Laz Bout D	of the 1911			DE NOLL
PRIMARY TO OF COL	ITRIBUTING [	PEGENIO	Airplane			r r gr r gri rr	er riem (a.)			
7.		20d.			E OF INJURY (Home, form	204 (City	ne town)		(County)	(Stale)
Hour Mour		. White	e Nat white	facto	ry, street, affice bldg., etc.	1	-			
·	5/12 195		ork at work		r over farm		Chase		Balto	. Md.
21. I certify th	iat I took charge	of the	remains described	obov	e, held an Autops	y XI, In	spection	, ,	Inquiry [],	ond in my
opinion death	resulted from: N	atural i	causes 🔲, Accid	ent 🛭	, Suicide ,	Homicide	, Und	etern	nined manner	
//	//	1	47	0						
ACTUAL SIGNATURE	Rulest	01	meno &	X	M.D. CHIEF MEDICAL E	AMINER [			-/	DATE SIGNED
					ASSISTANT MEDIC	AL EXAMINE			$\mathcal{A}$	/
EXAMINER'S NAME (Type)	Charles O'D	onne	11, M.D.		DEPUTY MEDICAL	EXAMINER E			3/12	1-6
	N 226 DATE THEREOF		22c NAME OF CEMETE	IX OF			ION (City, to)			(S16(e)
REMOVAL (Specify)	5/13/59		TO CEMETE	wa	Province Mal			_		(3)(0)(6)
23. FUNERAL DIRECTOR	71-21/1		ADDRESS /		24. 2001	Want			. N. Y.	
S. TYTHERAL DIRECTOR	2 SICKALLOKE )	-1	// MUUNESS /	E.C.	. 1740 FEC	D BY REGISTI	(AK 1241b.R	tGIST	rait's signaturi	r .
" / // IAAA SI	Ji stan	XX	& MIN - IN	197V	17	v 1 4 5		-11.4	Lug & Heart	

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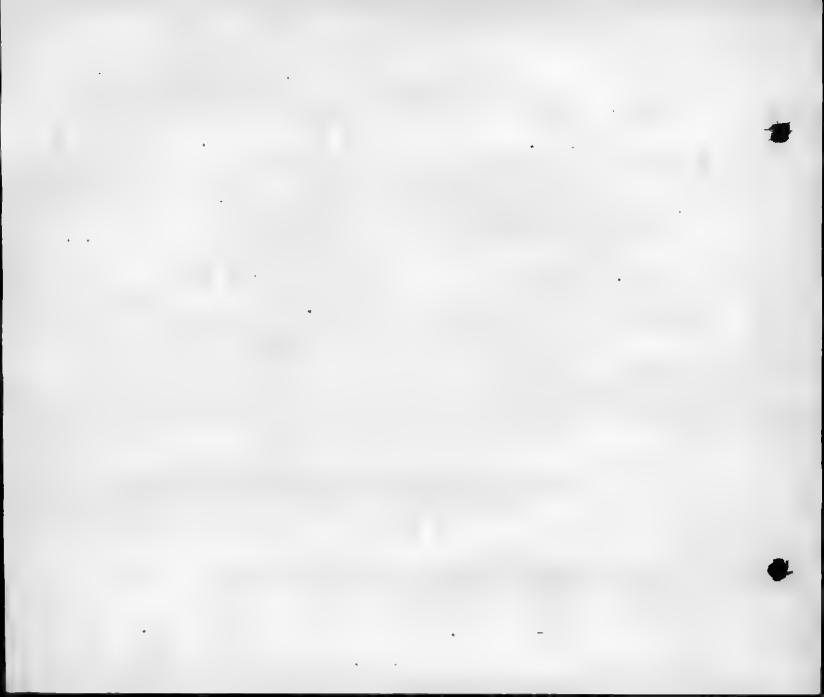


CERTIFICATE OF DEATH Rea. Dist. No director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY o. STATE **b** COUNTY MARYLAND CIPPOR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) \$URAL and give nearest town) TONSVIL 0 d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? WOOd YES NO NAME OF Middle 4. DATE Day Yeor DECEASED OF DEATH (Type or print) 19 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years AF UNDER YEAR IF UNDER 24 HRS 18 last birthday) Months Doys Hours WIDOWED [ DIVORCED [ EMIALE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of watking life teven if retired) HNIT 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address attending | 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) le PART I. DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (o) 420.1 **DUE TO** io scleratic C þ Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse last, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? 0 YES 🔲 NO 🎘 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or fown) Doy, Year 20d. INJURY OCCURRED [County] (State) factory, street, office bldg., etc.) Hour p. m. While Not while at work at wark 21. I certify that Lattended the deceased from 2. that I last saw the deceased that death accurred at 131 alive on. L.M. from the causes and on the date stated above. ADDRESS (Street, city or topic, state) DATE SIGNED ACTUAL SIGNATURE FUNERAL P O HOSPITAL PHYSICIAN'S registror NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, of county) page (Stote) **PEMOVAL (Specify)** oude ORIAL o ÉUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR VS A15 (4) 1SM 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH e. COUNTY **b** COUNTY files. Health, Baltimore MARYLAND c. CITY OR TOWN (If outs'de corporate limits, write RURAL and g've negrest town) c. LENGTH OF STAY IN 16 Bentley Springs 5 Bentley Springs STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) YES A NO Eagle Mill Rd. Eagle Mill Rd. 3. NAME OF Middle DECEASED DEATH 195 (Type or print) 59 berthdoy 9. AGE (In years IF UNDER TYPAR 7. MARRIED X NEVER MARRIED 7 8. DATE OF BIRTH Months female white WIDOWED [7] DIVORCED [7] 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) housewife home Marvland 50 12. CITIZEN OF WHAT COUNTRY? Poge U.S.A. 14. MOTHER'S MAIDEN NAME Pages PAG. 13. FATHER'S NAME Barbara Schneider John T. Tillman ă 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Burton A. Marsh above INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEAM PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) 11.20.1 DUE TO Conditions, if any, which ! gave rise to immediate cause DUE TO (a), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)19. WAS AUTOPSY PERFORMED? NO Γ4 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, +20f. (City or town) (County) (Stote) factory, street, office bldg, etc.] Hour e. m. While Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 17. Inquiry . and in my apinion death resulted from: Natural causes []. Accident []. Suicide [], Homicide [], Undetermined manner [] ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER P NAME (Type) 220. BURIAL, CREMATION, 726
BEMOVAL (Spec by)
Burial 22d LOCATION (City, fown, or county) (State) Monkton. Md. St. James Episcopal 24g, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE VS. ATSME Brooks Funeral Service, Towson4, Md. Cathar & Krous DATE MAY 1 8 '59

5M 2/57



TO FUNERAL

VS A15 (4) 15M 10/57

	- 4	,
7	~7	
. 4	- Charles	_
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5320 **CERTIFICATE OF DEATH** 

•			05298
	Dist	M-	

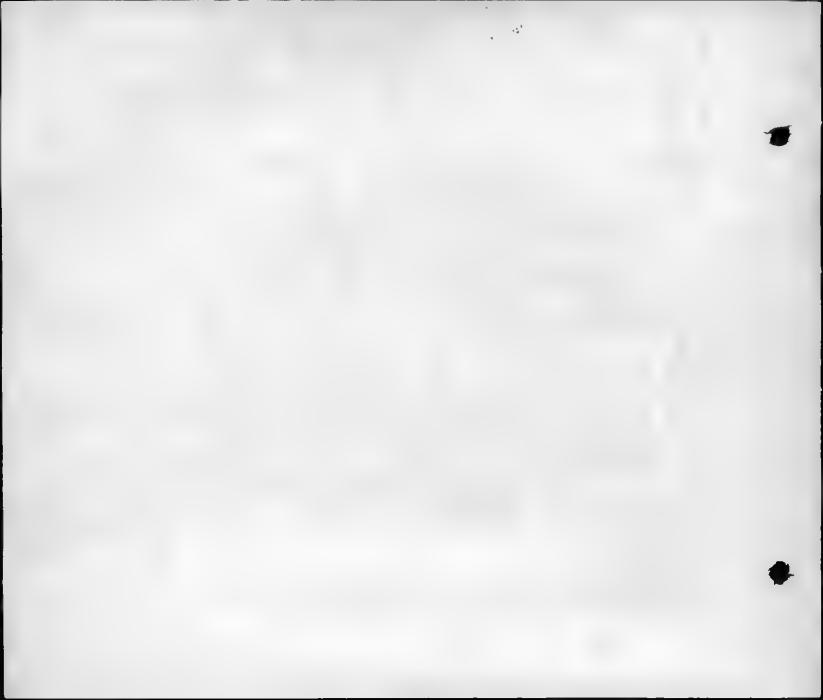
		JIST. No.								
	1. PLACE OF DEATH  o. COUNTY Do I + i move		2. USUAL RESIDENCE (Whe	re deceased lived. If institution: Reside	ince before admission)					
	Dar criwi. 8	MARYLAND	Maryla	inge George's						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside carparate limits, write RURAL and	give nearest town)					
	Catonsville	13 days	333 Laurel	Avenue - Laure	1 Md.					
1	d. NAME OF HOSPITAL (if not in hospital, give street od OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
		SPITAL		el Avenue	YES NO					
	3. NAME OF PIRST (Type or print) Olga	Middle	Martin	4. DATE Month OF DEATH May	Doy Year 1959					
		D NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS					
	female white WIDOWED	DIVORCED [	July 27, 1883	last birthday) Months	Doys Haurs Min.					
	10o. USUAL OCCUPATION (Give kind of work done 10b. KII during most of working life, even if retired)	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole o	r foreign country) 12 C	ITIZEN OF WHAT COUNTRY?					
	hou sewife		Swede	n	Sweden					
r	TE FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME						
	Unknown		Unknown							
and the same	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SC (Vas. no. or unknown) (II yes, give wor or dates of service)	OCIAL SECURITY NO 17. IN	FORMANY	Address						
			cords : SPRIN	G GROVE STATE HO	OSPITAL					
	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arterioscleratic cardiovascular disease									
	'f-d.ce, Due to									
	Conditions, if any, which (b) GO	merglized art	erioscle rosis							
	couse (o), stoting the under-									
	Iying couse lost. (c).  PART II OTHER SIGNIFICANT CONDITIONS CO.	INTERRITING TO DEATH BUT	NOT PELATED TO THE TERMIN	THE DISCASE COMPUTATION CONTRACTOR	AT 1/-1 10 WAS AUTORSY					
	S S	enile psychos		IAL DISEASE CONDITION GIVEN IN PA	PERFORMED?					
		200 ACCIDENT WAS INDEPLYING TO 200 DESCRIPE HOW INTROVOCCUPRED (5.1								
				10						
	A Hour o. m. While	URY OCCURRED 20e. PLA Not white	CE OF INJURY (Home, form, lory, street, office bldg., etc.)	20f (City or town)	(County) (State)					
	₹ p. m. 19 at work									
	21. I certify that I attended the deceased		, 1959, to Ma		last saw the deceased					
	alive an May 19 , 19 59	, and that death		M, from the causes and on	the date stated above.					
	ACTUAL STATE Mark	1803	SPRING G	DORESS (Street, city or town, state)	DATE SIGNED					
	SIGNATURE STEEL Vach	N N	A.D. DETLING G	ROVE STATE HOSPI	TAL 5-19-59					
/	PHYSICIAN'S NAME (Type) Stella Wachsler.	M. D.	Catonsvi	lle 28, Maryland						
	22g. BURIAL CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, lown, or county)	(Stote)					
	BURIAL MAY 23, 1950	FOREST HI	ILLS	SOMMERTAN PA.						
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	60.63	BY REGISTRAR'S SI						
	HENRY SANDER & SONS IN	NC. BALTIMON	RE MD. DATE MA	Y 21 '59 Cirthun 2	1. ThattA					

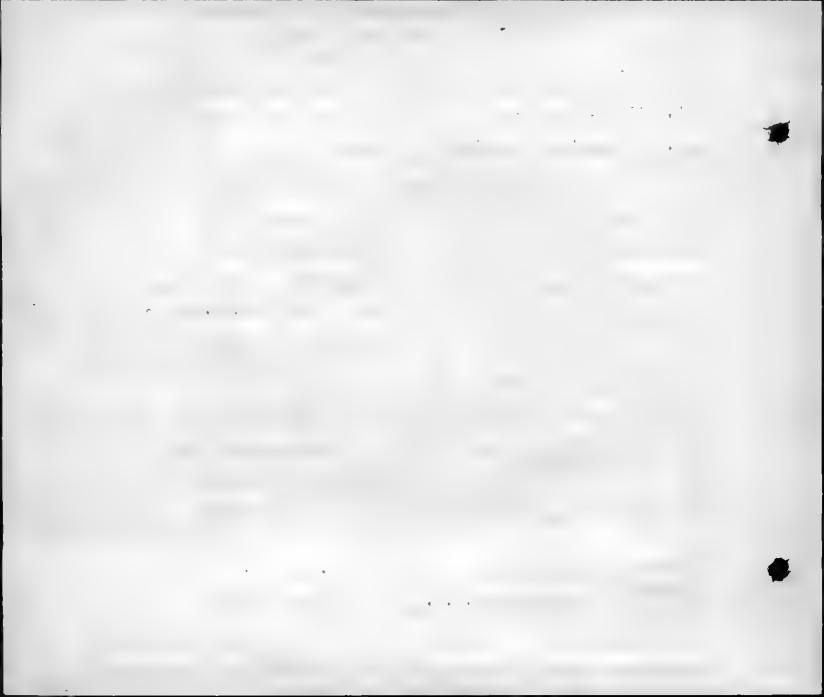


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

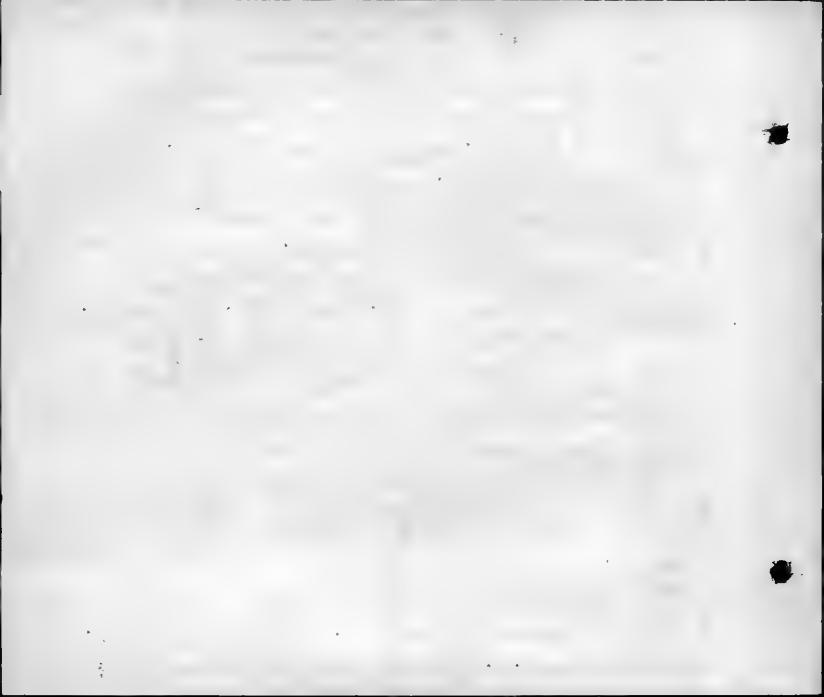
TO FUNERAL CTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director. page 3 should be illetached for use as the burial-transit permit. Then please remove cachea papers. Pages I and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours, after death. VS A15 (4) 15M 9/55

.	5321 Items 7.1.	ATE OF DEATH ALTIMORE, 18	05299							
ŀ	. PLACE OF DEATH Pultimore County	Reg. Die								
П	O. COUNTY CATONSVILLED MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	ce before admission)							
ŀ		402 OLD VIEW COUR	2/ 1 .							
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)							
L	CATONSVILLE.	1 JCHTONSVILLE								
-	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS	e. IS RESIDENCE ON A FARM?							
L	Ambie Street		YES NO							
r	NAME OF DECEASED O C A First Middle	Lost 4. DATE Month	Doy Year							
1	(Type or print) AGNES MA	RUT DEATH 5-	25 1959							
ı	SEX   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE [In years If UNDER Months] Months								
	F WIDDWED TO DIVORCED TO	April 26, 1877   lost birthdey)   Months	Days Hours Min.							
ŀ	00. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OF INDI		IZEN OF WHAT COUNTRY?							
ı	during most of working life, even if retired)									
ŀ	3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	U.S.A.							
1	11 00 4	1. 1/21/4								
ŀ	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address (	7							
1	Yes, no or withnown)   [15 yes, may wer or dates of service]		Thorsvelle							
ŀ		R. HACY LAURENTIA- HA	MBURG HI							
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]	1 1	INTERVAL BETWEEN ONSET AND DEATH							
	IMMEDIATE CALICE (A)									
H	444 A DUE TO									
	Conditions, if any, which ) (b)		20 400							
1	gave rise to immediate cause (a), stating the under		7							
1	lying couse last. (c)									
		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T 1(0) IP. WAS AUTOPSY							
1			PERFORMED? YES NO 22-							
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	ED. (Enter nature of injury in Part I or Part II of item 18.)	The Control of the Co							
	DOS ACCIDENT WAS UNDERLYING OF DEATH OF CONTRIBUTION OF CONTRIBUTION OF CAUSE OF DEATH OF CHARLES OF DEATH OF CONTRIBUTION OF									
		LACE OF INJURY (Home, form, 20f (City or town) (6	County) (State)							
1	Hour a.m. While No! while fo	octory, street, office bldg , etc.]	,000,000							
1		1) 17								
1	21. I certify that I attended the deceased from	(0, 1907, to 0, 40, 1907, that 1)	ast saw the deceased							
1	alive on 3/40, and that death	n accurred atM, from the causes and an th	ne date stated abave.							
1	THE K.	ADDRESS (Street, city of townstate)	DATE SIGNED							
1	SIGNATURE Tracker F. Lynn	M.D. 1/3 trederich of	5/25/3							
1	PHYSICIAN'S									
4	PHYSICIAN'S NAME (Typo) .									
	20. ECRIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	DR CREMATORY 22d. LOCATION (City, town, or county)	(State)							
L	5-27-19 Haly,	Cosary Bultimor	e Me							
1	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Ad. REC'D BY REGISTRAR 246 REGISTRAR'S SIC	NATURE							
	Tred W. Dozuvski - 1930 a	astery DATE 111/27:50	e de							
E		ane MAI	t-Huma							





HOSPITAL



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5324 CERTIFICA

#### **CERTIFICATE OF DEATH**

05303

277	00	AJ TR	CENTII	ICA	IL OF	DLAII	<u> </u>		Rog. Dist	No.	
1. PLACE OF DEATH				- 11	2. USUAL R	ESIDENCE (WI	nere decease	d lived. If institu		e befare a	dmiss.on)
Ba.	ltimore		MARYL	LAND		VId.		b. COUNT		imore	
b. CITY OR TOWN (II	outside carporote limi	ts, write	c. LENGTH OF STAY I	N 1b			outside carpo	rate limits, write			
RURAL and give ne	arest town)			- 114	511	_					
	AL (If not in haspital, g	ive street	nddress)		d STREE	T ADDRESS				- 19	RESIDENCE
OR INSTITUTION			,		1		zar A	7.0		(	N A FARM?
3. NAME OF	Fir	-	Middle								
OECEASED (Type or print)				27		Last	4, DATE OF		mih	Day	Year
	Mar		C.	4-4	exwel.		DEATH	May			19 59
5. SEX	1	7- MARR	IED 🗓 NEVER MARRIEI	D 🔲 8	DATE OF B	IRTH		9 AGE (In years last birthday)			JNDER 24 HRS
Female	White	WIDOWE	_		Feb. 2		*	45 yrs	777071173	Duys   He	JUES POIN
10a. USUAL OCCUPATIO	N (Give kind of work :	dane 10b	KIND OF BUSINESS OF	RINDUSTI	TY 11. BIRT	HPLACE (State	ar foreign c	ountry}	12. CITI	ZEN OF W	HAT COUNTR
Schoolte	acher	'			]	Pennsyl	vania				
13. FATHER'S NAME						R'S MAIDEN N					
W.F	. Carson				Δ	Lice Di	11				
15 WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17 INF	DRMANT	LICC DI		Ad	dress		
(Yes, no or unknown)	if yes, give wor or dotes of s	ervice)	36-18-5605		In C	ما المحمدا	Manes - '				
					Mr. Se	eibert	maxwe.	<u> </u>	As Aboy	ve	
	-		e far (a), (b), and (c).]		, ,	000	01.11	malan			AND DEATH
PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, N	IETAST/	47/	2 (	-17 18	L11V	ONIA		7	no.
170 X	DUE TO										
Canditians, if ar	iy, which ) th	CI	712 CINO	WI	7 0	F BI	YEH	57		4	YKS
gave rise to in	nmediate (				-						
cause (a), stating t lying cause lost.	ne under-										
	FR SIGNIFICANT CON		ONTRIBUTING TO DEA	TH BUT NO	OT PELATED	TO THE TERM	NIAL DISEAS	E CONDITION C	VENI INI PART	1/a1 10 W	VAS ALITADEV
DE THE STATE OF TH			OTTAGO TO DET	00111	OI KEUNIED	TO THE TERM	IANT DISTAN	L COMBINON O	THE HAT PART	PI PI	ERFORMED?
G ACCIDENT		OOL DECK	Ding Lands have as		100					YE	NO 🔼
PART 11. OTH	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	ZVD. DESC	RIBE HOW INJURY OC	CURRED.	(tnier natur	e at injury in i	Part I or Par	I II at item IB.)			
20c. TIME OF INJURY	Manth, Day, Ye	≆ 20d. lN While		20e. PLAC foctor	E OF INJUR	Y (Home, farm	20f. (City	or tawn)	(Cc	ounty)	(State)
p.m.	19	at war	Nat while		,,		"				
21 I cortifie the	at Lattended the	decease	ed from INA	2,11	105	19 20	1441	<del>7 195</del> °	7 16-1 1 1		the deserve
alive on MA	V 17	195	9	alle e de la co		2 2/	0	n the causes	E., mar i ic	121 20M	ine decease
duse quistissis		122	and mar	geoin a	ccurrea			n the causes lreet, city or lown		e date s	
ACTUAL	Linea	1	Monel		,				, state)		DATE SIGNE
SIGNATURE	110000	-	Trond	M.I	D	/ Y O	://	YLON	MPE		5/18 12
PHYSICIAN'S NAME (Type)	OSEPH	N	MICELI.	M.D	· E	BALT	TIMO	RE	21,1	40,	
220 BURIAL CREMATION	V. 22b. DATE THEREC	F	22c NAME OF CEME	TERY OR C	REMATORY	,	22d LOCA	TION (City, town,	or county)		(State)
REMOVAL (Specify)	May 20 1	o Ko	Lincoln								
23. FUNERAL DIRECTOR'S		7,7	ADDRESS /			24c PEC	D BY REGIST	bersburg	STRAR'S SIGN		
William	1 duck	ner	1 Am			A	MAY 1 9		Onthun 3		
Mar	11 1 / 100	2001	And			DATE			- ruman a	. There	4
100	1010	-	0-0								



Reg. Dist. No.

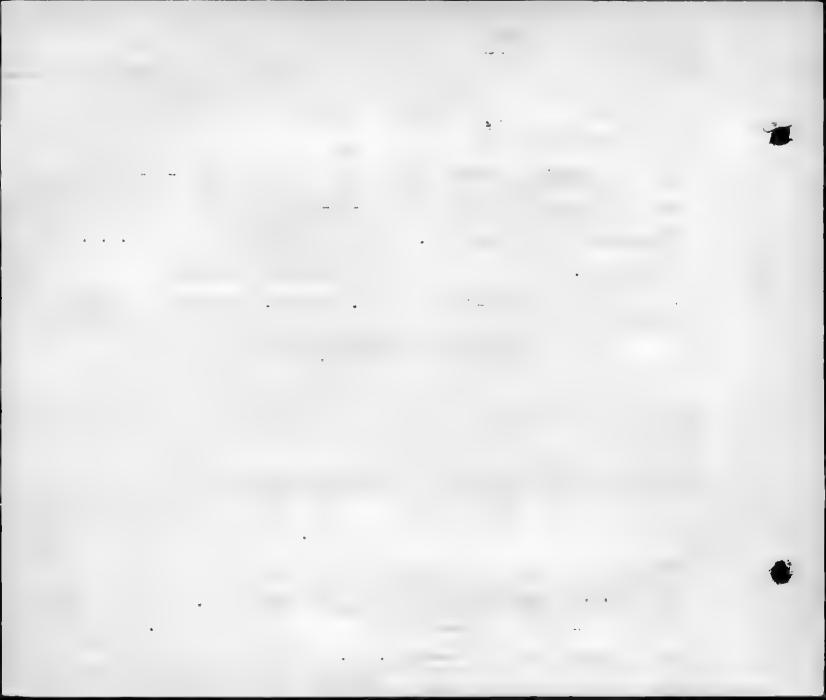
2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)

prior places FUNERAL

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o. COUNTY b. COUNTY Baltimore MARYLAND Maryland **XXXXXXX**Baltimore c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits write c. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) RURAL and give negrest town Towson 4 Sparks days d. NAME OF HOSPITAL (if not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Towson Convalsent Home YES NO. 3. NAME OF 4. DATE Middle Yeor DECEASED Stirling 5-31-59 Albert DEATH (Type or print) Mays 19 S SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 8. DATE OF BIRTH 69 yrs white WIDOWED [ DIVORCED X 1-16-1890 male 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fore-gn country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Tool mfg. U.S.A. machinist Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Stirling George A. Mays IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Mrs. Baker C. Johnson above no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hypertensive cardio vascular disease with DUE TO left side hemiplegia. Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NOTE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20F (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not while of work of work 21. I certify that I attended the deceased from June glive on May 59 , and that death accurred at 6.20a M, from the causes and an the date stated above. ADDRESS (Street, city or lown, stole) SIGNATURE SHYSECTARY'S NAME (Type) A.M. Brance Parkton Md. 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (C ty town, or county) Burial Foster's Monkton, Md. 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Brooks Funeral Service. Towson 4. Md. DATEJUN 4 arihur & Kana 15M 9/5S

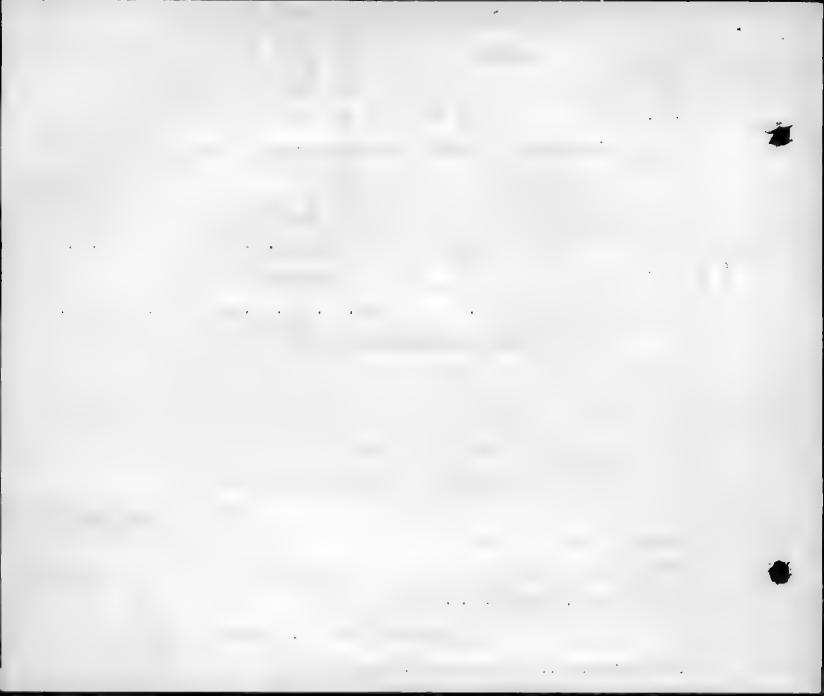
1 PLACE OF DEATH



Film 243 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) b. COUNTY c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) B IS RESIDENCE YES NO M Month May 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 78 pris Months Days 12. CITIZEN OF WHAT COUNTRY Morgan Co. W. Virginia U. S. A. Address Clin.Rec., Vet.Adm. Hospital, Ft. Howard, Md. INTERVAL BETWEEN ONSELAND DEATH UMPLICATIVE UNKNOWN PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (County) (State) advention of the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED VAH. FORT HOWARD, MARYLAND 22d. LOCATION (City, town, or county) (State) 24a. REC'D BY REGISTRAR MAY 2 7 '59 DATE 246. REGISTRAR'S, SIGNATURE Mm. Cook-Blight Inc. 6009 Harford Rd. Balto 11

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 10/57



death

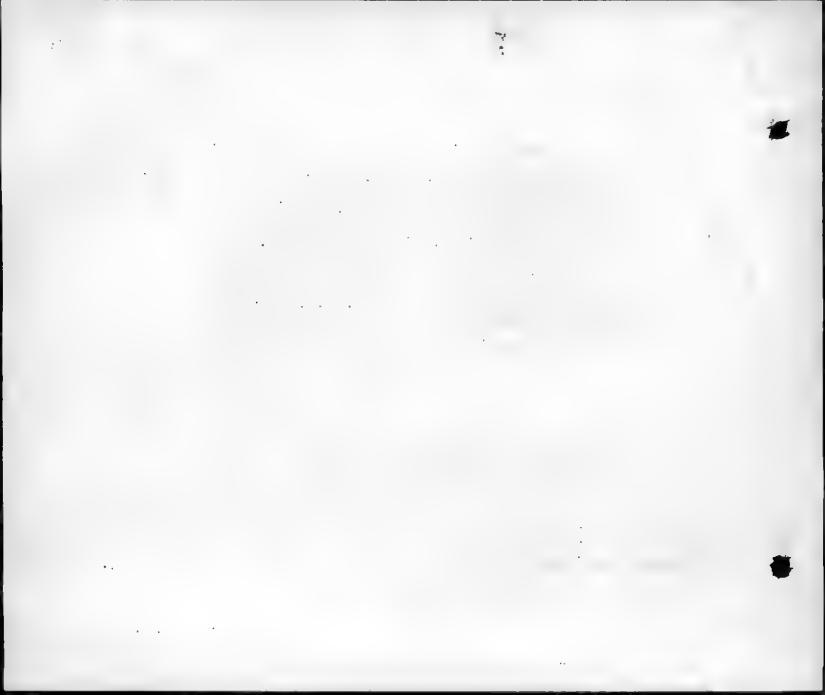
requires that the Beath certificate



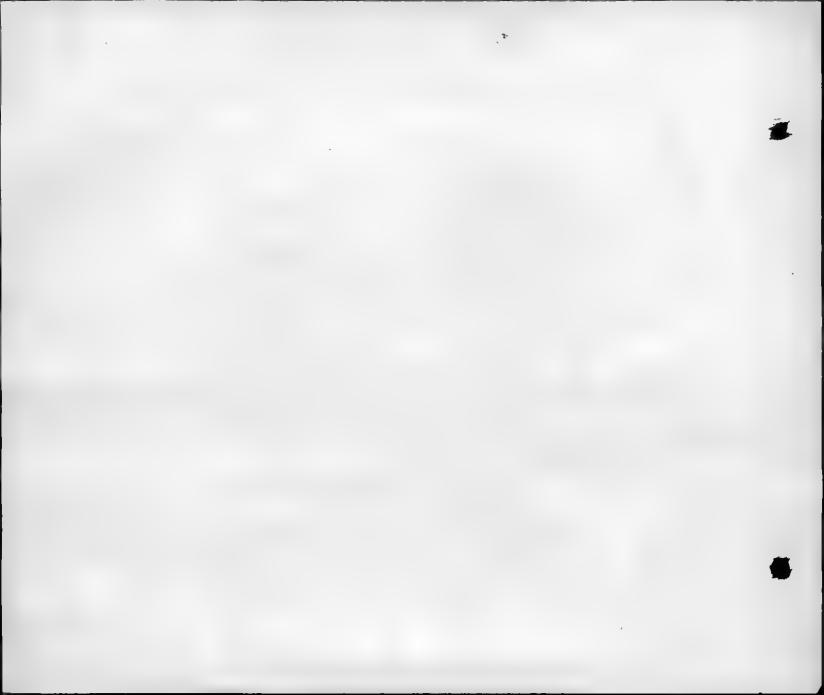
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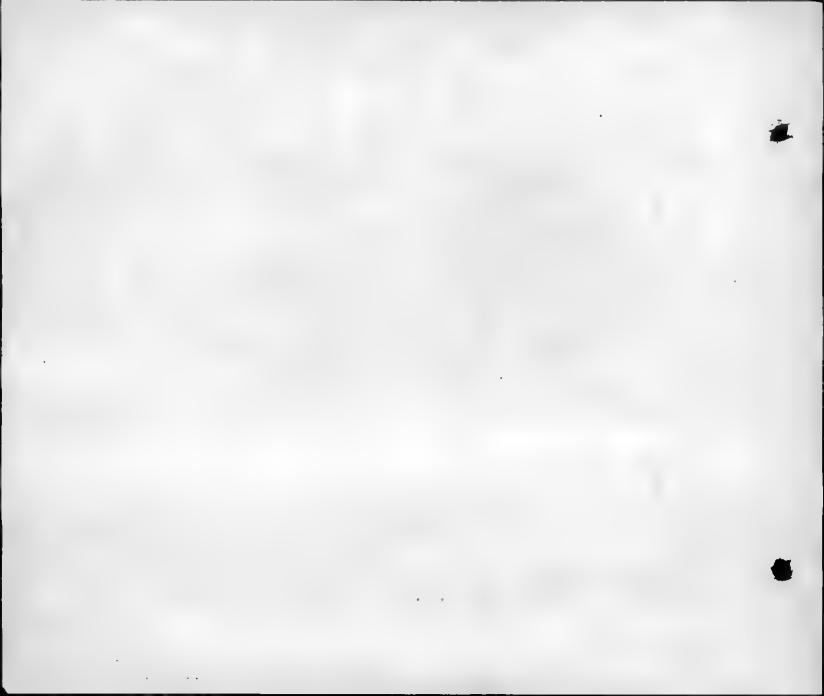


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 10/57

	MARI	LAN	STATE DEP	ARTMI	ENT OF HEALTH	I—BAL	TIMORE, 1	8	n.E	210
	3	5330	CERT	IFICA	TE OF DEATH	1		Reg. Dist.	**	310
1. PLACE OF DEATE	Baltimore		MAR	YLAND	2 USUAL RESIDENCE (Who o. STATE Maryl:		d lived. If institution b. COUNTY			eorge
b, CITY OR TOW RURAL and gir	'N (If outside corporate li	mits, write	İ		c. CITY OR TOWN (IF o	utside corpo		IRAL ond giv		100
	nsville	-1	3yrlimth25	dys	Capitol He	eights	s, Maryla	nd /		
OR INSTITUTION	SPITAL (If not in hospital, ON STATE		SPITAL		d. STREET ADDRESS 6222 Kingst	ton Ro	pád		ON	ESIDENCE LA FARM?
NAME OF DECEASED (Type or print)	****	Sarah	Middi n King	_	(Miller) figlicaio	4. DATE OF DEATH	Mont M	_	Day O	Yeor 19 59
. SEX	6. COLOR OR RAC	E 7. MA	RRIED NEVER MARK	HED   'E	DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER 1		DER 24 HRS
female	white	WIDOV			1879?		79? ייי	Months D	ays Hou	rs Min
Do. USUAL OCCUP during most of NO1	ATION (Give kind of wor working life, even if retira 15ewlie	k done 10t ed)	KIND OF BUSINESS	OR INDUS	Iry 11. BIRTHPLACE (Slote of Ireland	or foreign c	ountry)	Irela	_	AT COUNTR
3. FATHER'S NAME Unkr					14. MOTHER'S MAIDEN N	AME		4		
	EVER IN U. S. ARMED FO		s. social security ne Unknown		FORMANT cords: SPRIN(	G GRO	Addre STAT		SPITAL	
PART I.	if ony, which o immediate DUE 1	o Ge	rterioscle	rotic	cardiovascul	ar di	sease		INTERVAL ONSET AN	SETWEEN ID DEATH
PART II.	OTHER SIGNIFICANT CO		CONTRIBUTING TO DE	EATH BUT I	NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIVE	N IN PART 1	PER	S AUTOPSY FORMED?
T HIF EITHER, NO	WAS UNDERLYING [] ING [] CAUSE OF DEATI IFY MEDICAL EXAMINER	20b. DE	SCRIBE HOW INJURY	DCCURRED	(Enter noture of injury in P	ort i or Par	t II of item 18.)			
20c, TIME OF IN Hour o.	m.	While	INJURY OCCURRED  e Not while  ork of work	20e. PLA fact	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City	or town)	(Cou	unty)	(Stote)
	that I attended the May 20	, 12_	,	t death		M, fran ADDRESS (Si	n the causes ar	nd on the	date sta	
PHYSICIAN'S NAME (Type)	Stella	Wachs	ler, M. D.		Catonsvi	lle 28	, Maryla	nd		
REMOVAL ISPEC		59	MA OF CON	LUI OR	CREMATORY Com.	22d VOCAT	TION (Cry. town, or	county)	(51	3 6
PUNERAL DIRECT	CATS SHISHATURE	al	ADDRESS 7	21.1	Parine 240 REC'D	9 REGIST		RAR'S SIGN		



hours

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

-22-51

MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation Itom 32 Film G-242 5/18/50 cac 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Raltimore Conn. MARYLAND b. CITY OR TOWN 11f outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town). and nive meanest town Chase Winsted d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Rural 120 Holibird Ave NAME OF DATE Berton Middle Month DECEASED S. Mitchell DEATH (Type or print) 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TO B. DATE OF BIRTH fast birthday) 50 M W WIDOWED IT DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) E ~ Elec. Houseware New York City Sales Mgr 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Doctors Poges Samuel Schwartz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mr. Irving Singer Guard IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Multiple extreme injuries IMMEDIATE CAUSE (e) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION S 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) Airplane crash should WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not while Air over farm Chase X of work at work 21. I certify that I taok charge of the remains described above, held an Autopsy [24] Inspection . death resulted fram: Natural causes []. Accident XI. Suicide . Hamicide 5 ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER A A EXAMINER'S M. B. Davis DEPUTY MEDICAL EXAMINER [2] NAME (Type) 220. BURIAL, CREMATION, J. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 hemoval Winsted Conn 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

IF UNDER TYEAR, IF UNDER 24 HRS. Months I Days Hours 12. CITIZEN OF WHAT COUNTRY? America 9 Robbinhood Rd. Natick, Mass. INTERVAL BETWEEN DISSET AND DEATH PERFORMED? YES A NO I (County) (Stote) Balto. Md. Inquiry , and find that Undetermined cause DATE SIGNED 22d. LOCATION (City, town, or county) (State) 24b. REGISTRAR'S SIGNATURE arthur & House

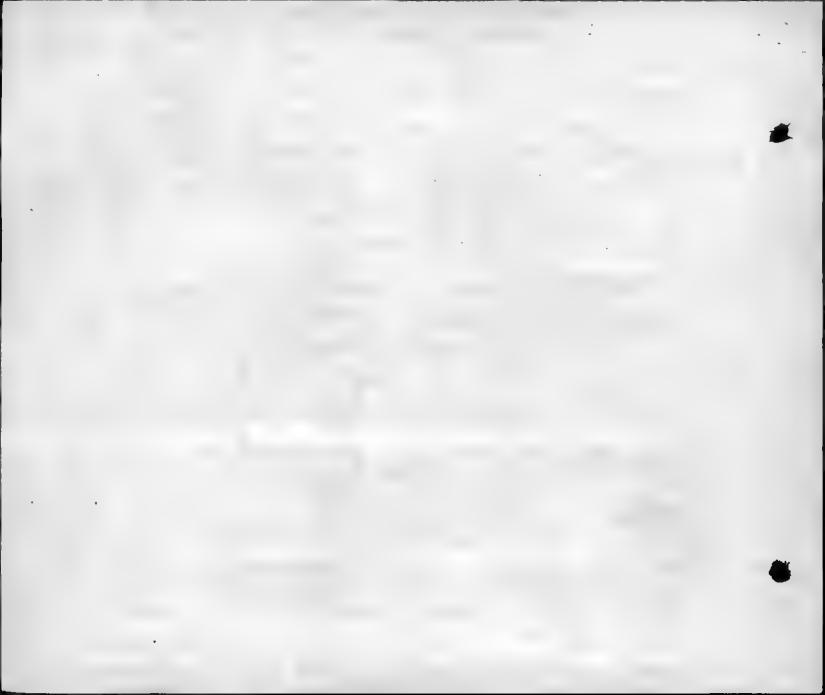
Lynchfield

e. 15 RESIDENCE ON A FARM?

YES NO

Year

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

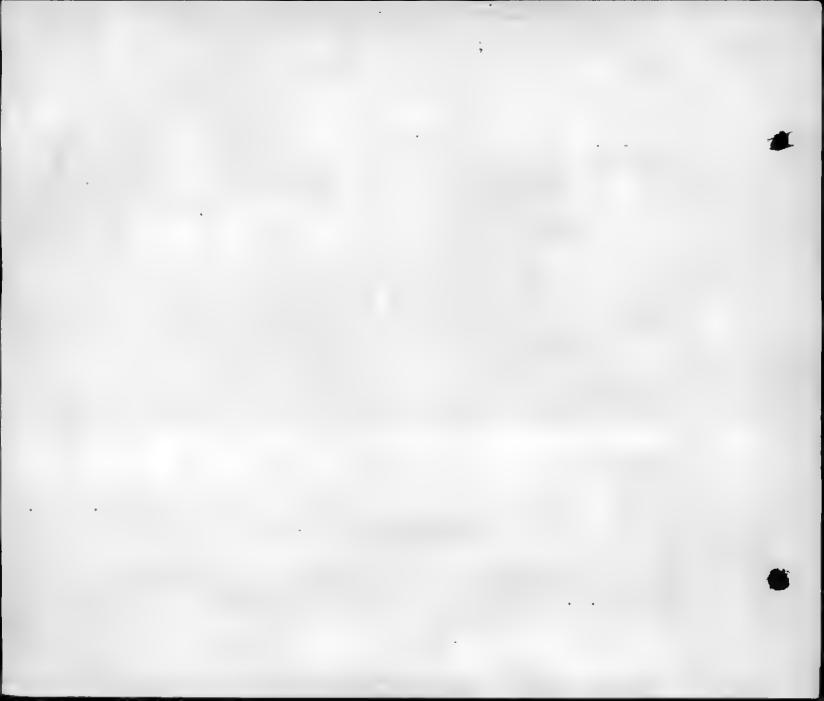
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY o STATE **b.** COUNTY Baltimore MARYLAND New York b CITY OR TOWN (# outs de corporate fimits, write EURA) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chase Brooklyn d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM Rural 91 New Jersey Avenue YES NO 3. NAME OF Fire Middle DATE Month Year DECEASED OF DEATH 19 59 (Type or print) Harold Mitnick Mav 6. COLOR OF RACE 7 MARRIED NEVER MARRIED F B. DATE OF BIRTH 5 SEX P AGE (In years IF UNDER TYPAR IF LINDER 24 HRS lost birthday] Months Days Hours WIDOWED T DIVORCED T 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? colera 1/e w hem 13 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (II yes, give wor or dates of service) Brooklyn Boyles ar a 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEET ONSET AND DEATH I. DEATH WAS CAUSED BY: Multiple extreme injuries IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLY WAS AUTOPSY PERFORMED? YES X NOF 200, EXTERNAL CAUSE WAS PRIMARY DLOT CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Airplane crash 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120) (City or fown) (County) (Stole) factory, street, office bldg., etc.) Not while While 5:15 p. m. Balto. of work of work Air over farm Chase Md. 21. I certify that I taok charge of the remains described above, held an Autapsy [45], Inspection ... Inquiry | and in my opinion death resulted fram: Natural causes . Accident X Suicide . Hamicide 7. Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE **EXAMINER'S** M. B. Davis NAME (Type) DEPUTY MEDICAL EXAMINER [7] 220. BURIAL CREMATION 226 DATE THEREOF 22d. LOCATION (City, town, or county) 22c NAME OF CEMETERY GRECEPIES DON (Stote) REMOVAL (Specify) 15/8/KH 23. FUNERAL DIRECTOR'S SIGNATURE 246 REC'D BY REGISTRAT 24b. REGISTRAR'S STGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

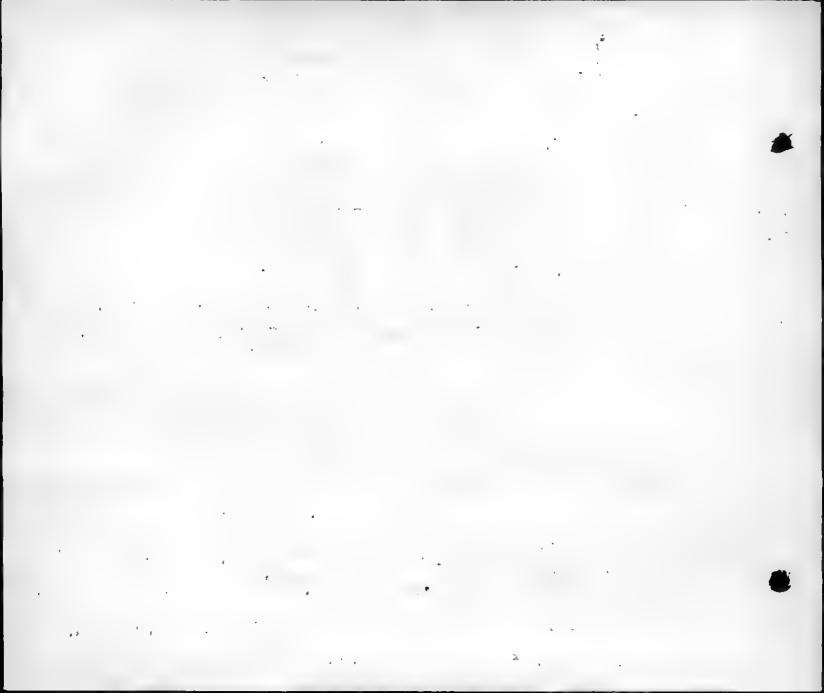
5334 **CERTIFICATE OF DEATH** 

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No.				

	. J	334	CERTIFIC	A IE OF DE	AIII		Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY Cat	onsville, E	Baltimo :	re Comaryland	a. STATE	NCE (Where deced	sed ived If institu b. COUNT		before admission)
b CITY OR TOWN ( RURAL ond give n	If outside corporate limit eorest town)		NGTH OF STAY IN 16	c CITY OR TO	WN (If outside cor	porate limits, write	RURAL ond give	e nearest town)
	TAL (If not in hospital, g	ive street oddress	)	/ d. STREET ADD	RESS	1		e. IS RESIDENT
50 Dunsa.	rrie Rd.		s a * d de		arrie Ro		-1	
DECEASED (Type or print)	Fin HO	RACE	Middle B	tost NEFF	4. DATI		onth	Day Year
5. SEX	6 COLOR OR RACE			B. DATE OF BIRTH	-	9. AGE (In year	BLY LIF UNDER 11	1 19 5
l'ale	White	WIDOWED 🔲	DIVORCED 🗌	3-1-1909		lost birthday)	Months De	oys Hours M
during most of wor  Electric	king life, even if retired)	Traff		1	E (State or foreign		12 CITIZE	N OF WHAT COUN
13. FATHER'S NAME		,		14. MOTHER'S M		4274		
JE	mes B. Nef	f			Coffee			
15. WAS DECEASED EVE			L SECURITY NO	INFORMANT		Ac	ddress	
no. no. or unchown	(If yes, give war or dates of se NO		3-5767 M	rs. Margar	et Neff.	50 Dunce	arrie Ro	
Conditions, if a gave rise to i cause (a), stating lying couse last.  PART II OTI	mmediote (	)	BUTING TO DEATH BU	T NOT RELATED TO TI	HE TERMINAL DISE	ASE CONDITION G	GIVEN IN PART 1	(o) 19 WAS AUTO PERFORMEI YES NO
200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)  20c TIME OF INJUR	MEDICAL EXAMINER)	or 20d. INJURY	.2	ED. (Enter noture of in LACE OF INJURY (Ho actory, street, office b	me, form, 20f (C	Port II of Item 18 )	(Cou	
Hour o.m.	19		lot while twork	iciory, sileer, office b	lug., etc.)			
21. I certify the alive an	JOHN DN. 226. DATE THEREO 5-4-1959	F. 22c.		M.D. H  OR CREMATORY  Com	ADDRESS O   Co	m the causes of (Street, city or town  Q  ATION (City, town  derick Av  ASTRAR 24b. REC	ond an the o	DATE SIG (Stote)
	EHHY, INC. 1			_	MAY 4 '59		with I thank	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hat after death Page by the hospital or ottending physicion.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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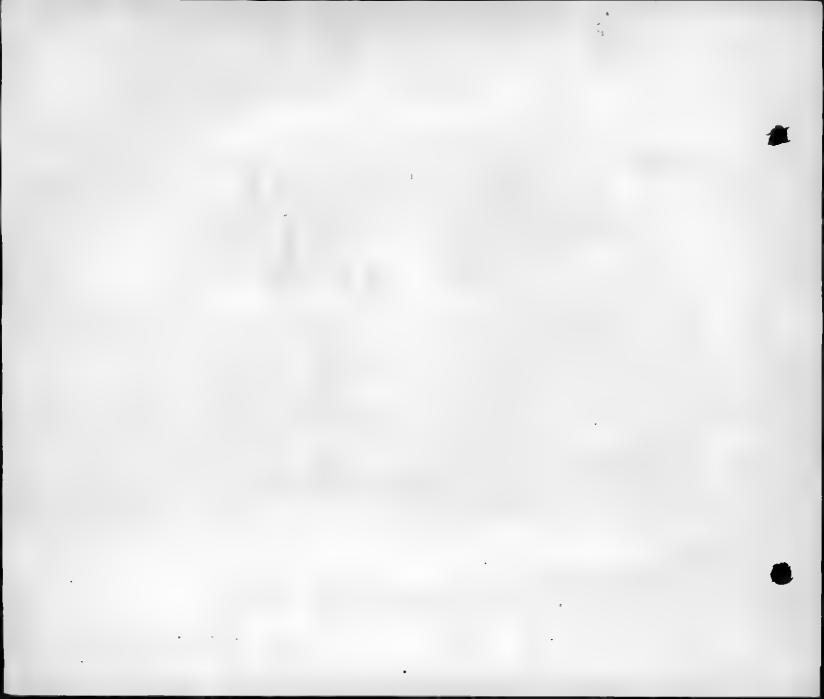
5335 MEDICA

Rea. Dist. No.

• 1	PLACE OF DEATH		-			2. USUAL RESID	FNCE (Where	leceased liv	ed. If institution	on. Residence before	re odm ssion)
	e. COUNTY	Baltimore		MARY	LAND	G. STATE	aryland		b. COUNTY	Baltimo	re
λГ	b. CITY OR TOWN I	theutside corporate limits, write n)	RUPAL C. LI	ENGTH OF STAY I	IN 1b	c CITY OR TO	OWN (If ouls d	corporole	limits, write Ri	URAL and give nee	prest lown)
		Essex (2)	1)			- 4' E	ssex (2	1)			
	d. NAME OF HOSPI	TAL OR INSTITUTION (	f not in hospital,	give street address	1)	d. STREET ADI					e IS RESIDENCE ON A FARM?
	865	Back River I	Neck Road	1		865 B	ack Riv	er Ne	ck Road		YES NO
3	NAME OF DECEASED	Fire	ıt	Middle	,	Lost	4. D/	TE	Month	Doy	Year
	(Type or print)	BESSIE	ELIZABI	ETH O'C	ONNOF	}	DE	ATH	May 15		1959
5	. SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	6. 0	ATE OF BIRTH		9 Ad	SE (In years   1		F UNDER 24 HRS
	Female	White	WIDOWED 3	DIVORCED [		iay 7, 1		6	8 yrs	Months Days	Hours M.n.
1	during most of work	ON (Give kind of work on the life, even if relired)	done 10b, KIND (	OF BUSINESS OR	NDUSTRY	11. BIRTHPLAC	E (State or for	ign country	1	12 CITIZEN OF	WHAT COUNTRY?
) L	Housewi		Home	9 .		Mar	vland			USA	
/	3. FATHER'S NAME				1	4. MOTHER'S M	AIDEN NAME				
	?	Beall					Unknown				
	5. WAS DECEASED E'	VER IN U. S. ARMED FOI		LE SECURITY NO.	17. INF	ORMANT			Address		
	No		No	10	l A	lice I.	O Conr	or	Same -		
~	18 CAUSE OF DE	ATH [Enter only one cou	ne per line for (o)	, (b), and (c). }		0				PATERY	AND DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Cone	teral	17	leanf	75523			12	1 tus
	332 X	DUE TO		- Anger							
	Canditions, if										
	gave rise to imme (a), stating the										
	cause last.	(c).									
, 3	PART II. OI	HER SIGNIFICANT CON	DITIONS CONTRIB	BUTING TO DEATH	ON ICE	TRELATED TO TH	E TERMINALD	SEASE CON	EDITION GIVE	V IN PART 1(0) 19.	WAS AUTOPSY PERFORMED?
	3									YE	S NO
)	20g. EXTERNAL CAPRIMARY OF CO	INTRIBUTING 🗍	b DESCRIBE HOW	V INJURY OCCUR	RED. (Ente	er noture of injur	y in Part I or I	art II of ite	m 18 )		
	20c. TIME OF INJE	· ·		Y OCCURRED 20	PLACE	OF INJURY (Hor, street, office bl	ne, form, 20f	(Cily or to	wn)	(County)	(Stote)
	Hour a, m		While of work	Not while of work	10(101)	r, siteel, dilice bi	ad" arri				
		hat I taak charge	af the rema	ins described	abave	, held an A	utopsy	Inspe	ction [12]	Inquiry (Le	and in my
		resulted from: N					□. Homi			nined manner	and the same of th
	1	1 1.0	1	-		,				THE PROPERTY OF	t-ml
	ACTUAL	bill	lalle	ce,		M.D. CHIEF MED	ICAL EXAMIN	: E			DATE SIGNED
		10 - 00 00	. ~~				MEDICAL EXA	MINER [		C	5/125 10
	EXAMINER'S NAME (Type)	Jack C. Col	lins			DEPUTY M	EDICAL EXAMI	NEIR 🛛		· ·	- 3/
1 2		ON, 226. DATE THEREO		NAME OF CEMETE	WY OR CI	PEMATORY	27d.	OCATION	(City, lown, or		
	20. BURIAL, CREMAI					STAIL OUT			Leuli muni de	county)	(Statu)
- 1	REMOVAL (Specifical)	5/18/59	1					alto.		cauniy)	(Stafu)
2	REMOVAL (Specif	5/18/59		Lorriane ADDRESS		Cemete		alto.	Md.	RAR'S SIGNATURE	THE PERSON NAME OF THE PERSON NA

TO DEPUTY MEDICAL DIAMMER: This certificate shalld be executed within 24 hours after death. If any delay is necessary, please execute the fileate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral Frectar. Page 4 shauld be traced to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Boord of Health, or remarkal, and in any event within 72 hours after death. NW. ATSINE 5M 2/57



# FOR STATE

## 5336 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05316

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admiss on a. COUNTY **6 COUNTY** MARYLAND 6 CITY OR TOWN IN E. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give st d. STREET ADDRES IS RESIDEN E ON A FARM? YES I NO IZ 3. NAME OF Middle DATE Month Your DECEASED OF (Type or print) DEATH 5. SEX MEVER MARRIED TO 9 AGE Ile yes 6. COLOR OR RACE 7. MARRIED T. DATE OF BIRTI IF UNDER TEAR JE HINDER 2. Months Days **Equip** WIDOWED [ DIVORCED [ 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 3. FATHER'S NAM 14. MOTHER'S MAIDEN NAME 15, WAS DECEASED EVER IN U. S. ARMED FORCEST SOCIAL SECURITY NO. 17. INFORMABIT Alf yes, mive was as dates of services 1200 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse **DUE TO** (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPS I PERFORMED? NO B 20g. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (Stole) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m. Inquiry 7 and in my opinion death resulted fram: Natural causes Suicide . Homicide . Undetermined manner Accident 1. ACTUAL SIGNATURE DATE SIGNED M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220 BURIAL CREMATION 22d. LOCATION (City, town, or county) FEMOVAL (Specify) BAFUNERAL DIRECTOR SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

files." Heath, , O lainer tore forth. form PM3. VS A15ME 5M 2 57



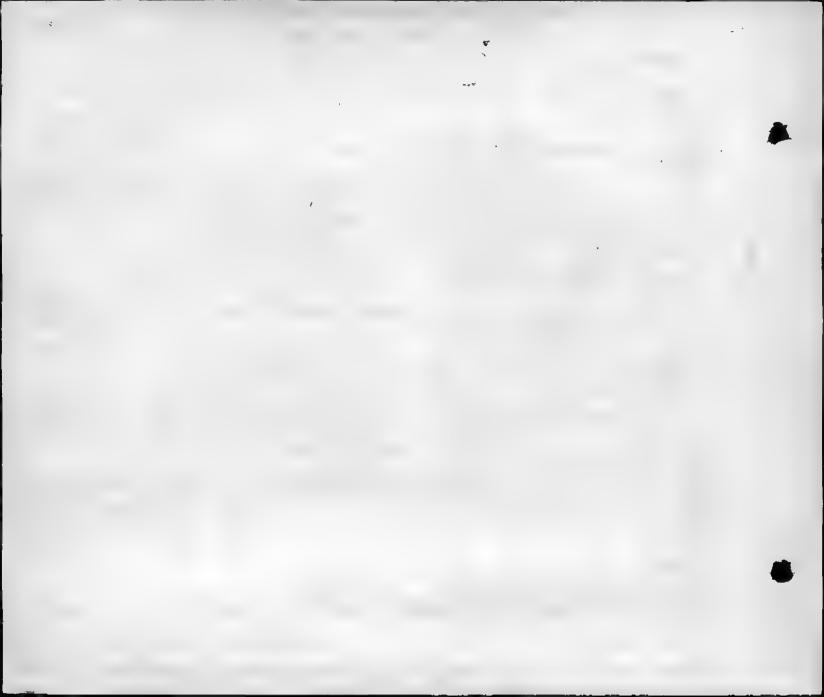
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital at alternating physician.

TO FUNERAL DE FOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remany-carbon papers. Pages 1 and full be filled with the registrar prior to burial, cremation, or remand, and in any event within 72 hours offer death.

VS A15 (4) 15M 9/SS

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Company of the compan	ALD TOR: After this certificate has been signed by the attending physician and completely filled in b	should be detached for use as the burial-transit permit. Then please remays carbon papers. Pages I and	itrar priar to burial, cromation, or remaval, and in any event within 72 hours ofter death
,	<u></u>	SUC	7
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	_		Reg. Dist. No.	
		PLACE OF DEATH  O. COUNTY  COUNTY  MARYLAND  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss b. COUNTY	ssion)
,		b. CITY OR TOWN (If outside carporate limits, write RURAL and style nearest town)  A COLLANDER	c. Lity DR TOWS IN outside carparale limits, write RURAL and give nearest tow	m)
7		d. NAME OF HOSPITAL (If not in hospital, give street address), OR INSTITUTION MELLEN HOUSE	2 Con 15 Add To NI ON	SIDENCE A FARM?
		NAME OF DECEASED (Type or print) Solomon Middle	Oletsky 4. DATE Man 15 Day	Year
	5.5	Male Mute WIDOWED DIVORCED .	8. DATE OF BIRTH 8,1963 9. AGE (In score IF UNDER 1 YEAR IF UND MOUCH 28,1963 9. AGE (In score IF UNDER 1 YEAR IF UND Months Days Hours	Min.
		during more of working life, even if retired)  Options  Option	Kussia USA	T COUNT
		hathan Oletsky	Tame Ostrowsky	
	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (1997) If yes, give wor or dotes of service)	aulie-Oletaky-3809 Barring	to
		18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c) ]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(C.V.A)	
		Canditians, if any, which gave rise to immediate DUE TO	auterial-levosis 10 y	CAN
	z	lying couse tost. (c) Diabate	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS	447
, )	CERTIFICATION		PERFC YES	ORMED?
		OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to 19 White at wark of wark	PLACE OF INJURY (Home, form, 20f. (City or town) (County) octory, street, affice bldg., etc.)	(State
			h accurred at 6.04 M, from the causes and an the date state	
,		ACTUAL A A TO 1		PATE SIGN
/		PHYSICIAN'S Dr. 1. S. ZINBERG	Balto. (17/ Md.	
	220	REMOVAL (Specify) 5/17/39 Tylers Jo. (1)	OR CREMATORY 22d DEATION (GIV. town. or county) (State State)	ite)
1 -	23.	FUNERAY DIRECTOR'S SIGNATURE INC. ADDRESS ADDRESS NO. NO.	oth Ge DATEMAY 21 '59 Chily & Knows	
		7/		



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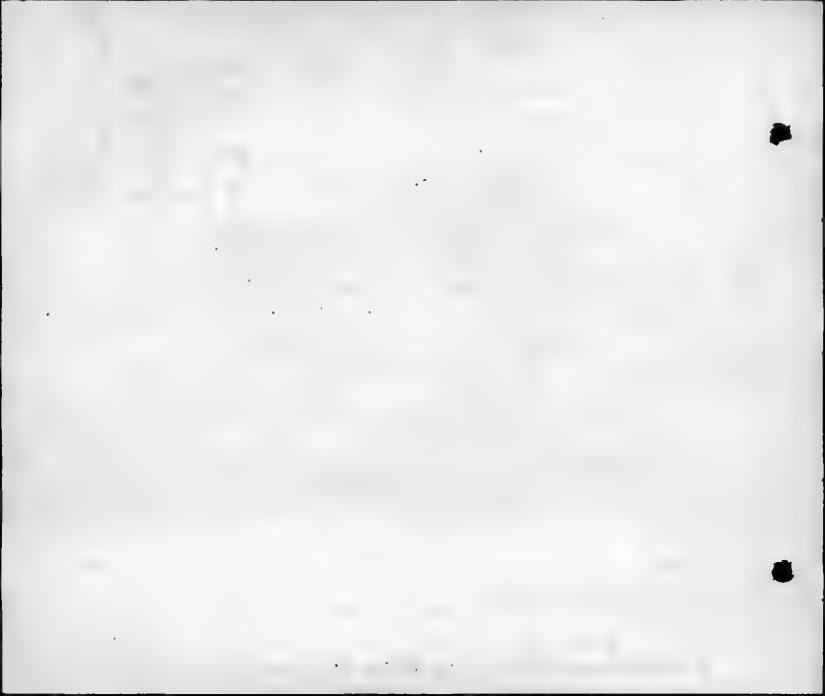
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5338 CERTIFICATE OF DEATH

05318	0	5	3	1	8	
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EKTIFICATE OF DEATH Reg. Dist. No.

Baltimore  Baltimore  Baltimore  Baltimore  Baltimore  C. CITY OF TOWN If doubted corporate limits, write RURAL and give necreat form)  Baltimore  Baltimore  ANAME OF HOSEITAL Off no in hospital, give streep oddress)  SOOS HAZELWOOD AVe.  SOOS HAZELWOOD AVE.  S	PLACE OF DEATH     COUNTY			2. USUAL RESIDE	NCE (Where deceos	ed lived. If institute	on: Residence befo	re admission)
RUBAL and give necest form)  Raltimore  d NAME OF HOSPITAL (If not in hospital, give street oddress)  5005 Hazelwood Ave.  5005 Hazelwood Ave.  5005 Hazelwood Ave.  1. DATE  Mandle Of DECEASED  (Type of pint)  S. Oliver  S. Oliver  1. BRITHMARK OF DEATH  May  31, 1959  3. SEX  6. COLOR OR RACE  Marked White  Whowed Divorce Oliver  1. DATE  Who Deceased Of Marked Of Marked One of Wilder And Country  Male  White  Who Deceased Of Marked Of Marked One of Wilder And Country  Male  White  Who Deceased Of Marked Of Wilder And Country  Male  White  Who Deceased Of Marked Of Wilder And Country  Male  Who Deceased Of Marked One of Wilder And Country  Male  Who Deceased Of Wilder One of Wil			e		ryland	b. COUNTY	Baltimo	re
d NAME OF HOSPITAL (If not in hospital, give street oddress)  5005 Hazelwood Ave.  5005 Hazelwood Ave.  5005 Hazelwood Ave.  5005 Hazelwood Ave.  5005 Hazelwood Ave.  5005 Hazelwood Ave.  5005 Hazelwood Ave.  5005 Hazelwood Ave.  5005 Hazelwood Ave.  5005 Hazelwood Ave.  5006 Hazelwood Ave.  5006 Hazelwood Ave.  5006 Hazelwood Ave.  5006 Hazelwood Ave.  5007 Hazelwood Ave.  5007 Hazelwood Ave.  5008 Hazelwood Ave.  6008 Hooming Fluxber Veak if Juntier Veak if			write c. LENGTH OF STAY IN 18	c. CITY OR TO	WN (If outside corp	orate limits, write R	URAL and give nec	orest fown)
d. STREET ADDRESS  OR INSTITUTION  S. OLIVET  OBATH  S. OLIVET  OBATH  Month  OF YEAR ADDRESS  OR NO STREET ADDRESS  OR NO STREET ADDRESS  SOOS HAZELWOOD AVE.  1. OLIVET  OBATH  MONTH  S. OLIVET  OBATH  MAY  31, 1955  5. SEX  ACIOLOR OR RACE 7 MARRIED NEVER MARRIED UNDORED UNDO		Baltimore	e	A B	altimore			
3. NAME OF DECEASED IN STATE PROPERTY OF STATE OF SUSTEMBLY SUSTEMBLY STATE OF SUSTEMBLY SU	d NAME OF HOSPIT	AL (If not in hospital, give	street oddress)					e. IS RESIDENCE
2. NAME OF DECEASED (Type or print)  5. SEX  Male  White  Whowed  Divored		)5 Hazelwood	Ave.	50	OS Hazala	ave boot		
S. SEX   G. COLOR OR RACE   7 MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9 AGE (In year)   FUNDER I YEAR   FUNDER 22 HES   Male   WIDOWED   DIVORCED   July 2, 1881, 9 AGE (In year)   FUNDER I YEAR   FUNDER 22 HES   Months   Day	3. NAME OF				4. DATE		th Do	Year **
S. SEX   S. COLOR OR PACE   MARRIED   NEVER MARRIED   B. DATE OF BIRTH   PACE (in year) (in brithdor)   Manhs   Days   Mounty   Min   Nover   Marked   Mar		Johr	n S.	Oliver	OF DEAT	H Ma		
MALE White WIDOWED DIVORCED JULY 2, 1881 71 71 71 71 71 100. USUAL OCCUPATION (Green and of working life, even if relief) 100. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 17. CITIZEN OF WHAT COUNTRY UPholsterer Upholstering Baltimore, Md. USA  13. FATHER'S NAME  JOIN S. Oliver  15. WAS DECEASED FYER IN U. S. ARMED FORCES? The SOCIAL SECURITY NO. 17. INFORMANT Mary E. Unknown  15. WAS DECEASED FYER IN U. S. ARMED FORCES? The SOCIAL SECURITY NO. 17. INFORMANT Mary E. Unknown  16. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Acquired to immediate cause (o), stating the under Jule TO  Conditions, if any, which gave rise to immediate cause (o), stating the under Jule TO  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110. 19 WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110. 19 WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110. 19 WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110. 19 WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110. 19 WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110. 19 WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110. 19 WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110. 19 WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICA	5. SEX	6. COLOR OR RACE 7				9 AGE (In years	IF UNDER I YEAR	
Upholsterer  Upholstering  Baltimore, Md.  USA  13. FATHER'S NAME  JOIM S. OLIVET  15. WAS DECEASED EYER IN U. S. ARMED FORCES? (If the nor ordinated is served)  NON  Mrs. Caroline I. Oliver 5005 Hazelwood Ave.  16. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  Left Verificables, Failure  Conditions, if any, which gave rise to immediate course (c)  17. INFORMANT  NON  Mrs. Caroline I. Oliver 5005 Hazelwood Ave.  Conditions, if any, which gave rise to immediate course (c). The part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19 WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19 WAS AUTOPSY PERFORMED?  ON CONTRIBUTING CAUSE OF DEATH  ON CONTRIBUTING TO ALUSE OF DEATH  OF CONTRIBUTING TO ALUSE OF DEATH  OF CONTRIBUTING TO ALUSE OF DEATH  OF CONTRIBUTING TO ALUSE OF DEATH  OF CONTRIBUTING TO ALUSE OF DEATH  OF CONTRIBUTING TO ALUSE OF DEATH  OF CONTRIBUTING TO ALUSE OF DEATH  OF CONTRIBUTING TO ALUSE OF DEATH  OF CONTRIBUTING TO ALUSE OF DEATH  OF CONTRIBUTING TO ALUSE OF DEATH  OF CONTRIBUTING TO ALUSE OF DEATH  OF CONTRIBUTING TO ALUSE OF DEATH  OF CONTRIBUTING TO ALUSE OF DEATH  OF CONTRIBUTING TO ALUSE OF DEATH  OF CONTRIBUTING TO ALUSE OF DEATH  ON CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19 WAS AUTOPSY PERFORMED?  YES DO THE STORY MEDICAL EXAMINER)  TO THE STORY MEDICAL EXAMINER OF THE TOWN TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19 WAS AUTOPSY PERFORMED?  YES DO THE STORY MEDICAL EXAMINER OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19 WAS AUTOPSY PERFORMED?  YES DO THE STORY MEDICAL EXAMINER OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19 WAS AUTOPSY PERFORMED?  YES DO THE STORY MEDICAL EXAMINER OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19 WAS AUTOPSY PERFORMED?  YES DO THE STORY MEDICAL	Male	White w	IDOWED DIVORCED	July 2	. 1887		Months Days	Hours Min
Upholsterer   Upholstering   Baltimore, Md.   USA     13. FATHER'S NAME	100. USUAL OCCUPATIO	N (Give kind of work done	e 10b. KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLAC		country)	12. CITIZEN O	F WHAT COUNTRY?
13. FATHER'S NAME  JOHN S. OLIVER  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  MONO  MYS. CAROLINE I. Oliver 5005 Hazelwood Ave.    None   Mrs. Caroline I. Oliver 5005 Hazelwood Ave.			Upholstering	Ra	Itimore	Ma	TTC.	٨
JOIN S. OLIVER  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT  NOTE  18. CAUSE OF DEATH [Enter only one course per line for (o). (b). and (c)]  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate course (a), stoling the underlying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED?  200. ACCIDENT WAS UNDERTING [10]  OR CONTRIBUTING [10]  OR CON			D DITO TO VCI TITE			TATICL®	00.	<u> </u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Per no or define of service) NO (IT PRE give wor or define of servic	John S	. Oliver				Halmann		
None   No   None   No	15. WAS DECEASED EVE	R IN U. S. ARMED FORCEST		INFORMANT	Meet A L.		esa	
18 CAUSE OF DEATH   Enter only one cause per line for (o). (b). and (c)	0.0	if yes, give war or dates of service		ra Canali	na T old			a al Anna
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Conditions, if any, which gave rise to immediate cause (a), stating the under lying couse lost.   Due to		•	per line for (o), (o), and (c) ]	- · 1	-1			
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED?  YES DO A COLDENT WAS UNDERLYING DO CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.)  20a. ACCIDENT WAS UNDERLYING DO DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.)  21. I certify that I attended the deceased from 19 While of work 19 Of wo		IMMEDIATE CAUSE (a)	Lest Verille	coully. Fo	well			1 day.
gove rise to immediate couse (a), storing the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED?  PERFORMED?  YES NO   200. ACCIDENT WAS UNDERLYING  CAUSE OF DEATH  (IF EITHER, NOTHEY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED While Not while of work of work of work of work of work of work of work of work of work of work.  201. I certify that I attended the deceased from 19 See. PLACE OF INJURY I Home, form, 20f. (City or town) (County) (Stole)  202. I certify that I attended the deceased from 19 See. PLACE OF INJURY I Home, form, 20f. (City or town) (County) (Stole)  203. I certify that I attended the deceased from 19 See. PLACE OF INJURY I Home, form, 20f. (City or town) (County) (Stole)  204. I certify that I attended the deceased from 19 See. PLACE OF INJURY I Home, form, 20f. (City or town) (County) (Stole)  205. ACCIDENT WAS UNDERLYING 19 See. PLACE OF INJURY I Home, form, 20f. (City or town) (County) (Stole)  ACTUAL  ADDRESS (Street, city or town, stole)  DATE SIGNE  ACTUAL	14451	DUE TO	11 14 .	P. 1. 11	1	16 .		
Cause (a), stating the under:    Jying cause lost.   Cc    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINIAL DISEASE CONDITION GIVEN IN PART I(a)   19 WAS AUTOPSY PERFORMED?    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINIAL DISEASE CONDITION GIVEN IN PART I(a)   19 WAS AUTOPSY PERFORMED?   YES   NO     20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTHER) MODICAL EXAMINER)   20b. PLACE OF INJURY INDER III of item 18.)   20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED   20e. PLACE OF INJURY IHOme, form, 20f. (City or town)   (County)   (Stole)     40ur o. m.			Hyperleusive	(andwo la	souleer	Disace	181	O years
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20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work	200. ACCIDENT WA	S UNDERLYING [] 206 [] CAUSE OF DEATH MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCURR	RED (Enter noture of a	njury in Port I or Po	rt II of item 18.)	400,000	
Hour o. m.  19 While of work o	~4		204 INTURY OCCUPRED 20e F	PLACE OF INJURY IN	me form   206 (C)		40	
alive an 25 MMM . 1957, and that death accurred at M, from the causes and an the date stated above ADDRESS (Street, city or sown, state)  ACTUAL  ACTUAL  ACTUAL  ACTUAL		, v	While Not while	octory, street, office b	idg., etc )	ry or rown)	(County)	(Stole)
alive an 25 MM 1959, and that death accurred at M, from the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL  ACTUAL  ACTUAL  ACTUAL  ACTUAL  ADDRESS (Street, city or town, state)	21. I certify the	at I attended the de	ceased from QCX.	1952	to 31	Mell 1959	that I last so	w the deceased
ACTUAL TO PROGRESS (Street, city or sown, stote) DATE SIGNE		E-11 1	1-2					
ACTUAL / SULLA			0					DATE SIGNED
		ioneas J.	Bunnew	MD 52	17 Has	ford R	oud B	to the
PHYSICIAN'S NAME (Type) Thomas Prennan Baltimore 14 Mg. 2 June:	PHYSICIAN'S NAME (Type)	Thomas Brenn	ıan		Balten	wil 11	I ald.	2 June 5
220. BURIAL CREMAT ON, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)		4, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOC/	ATION (City, town, o	r county)	(State)
Burial June 2, 1959 Cedar Hill Baltimore, Md.		June 2, 19	59 Cedar Hi			Baltimor	e. Md.	
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 249. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	SIGNATURE	ADDRESS	2 2	4a. REC'D BY REGIS			RE
assalundameral Jone 7401 Below Rd, DATE JUN 3 '59 COLLET	assalinon	meral Com	28 7401 Bake	in Role 10	ATE SHE 3	59 C.	17 - 8 F	2.E



#### FOR STATE HEALTH DITT.

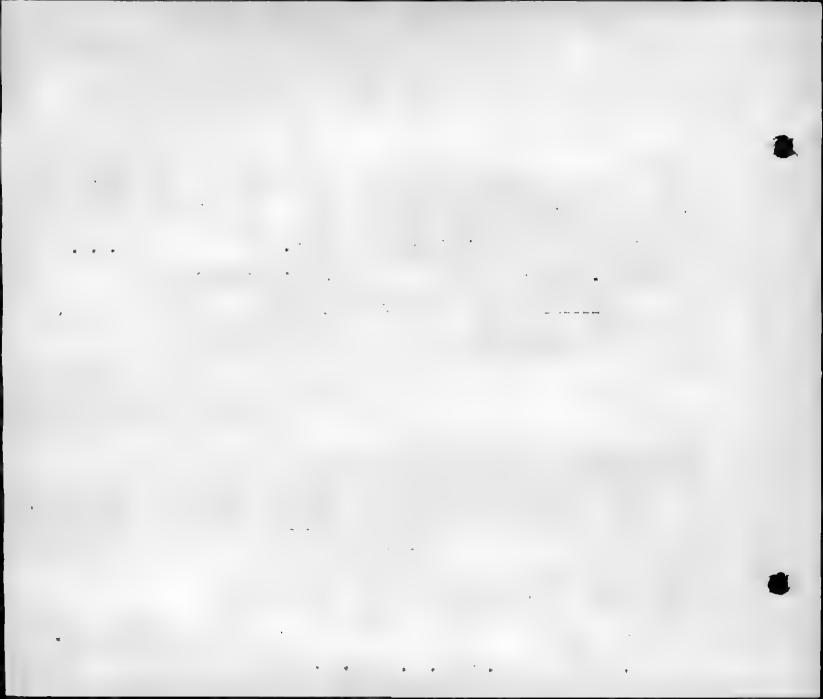
DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delaying pecasony, please execute the lifticate, writing the word "pending" in pending in item, 18. Give Pages 1, 2, and 3 to the fundamentary page 4 should rewarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files. I Funeral RECTOR: Page 3 should be used as a burial-transit permit. File pages, I and 2 with the State Board of Health, or its designated agent, prior to barial, cremation, at removal, and in any event within (2 hours ofter death. M

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TO DEPUTY	execute th	4 shoold	TO FUNERA	
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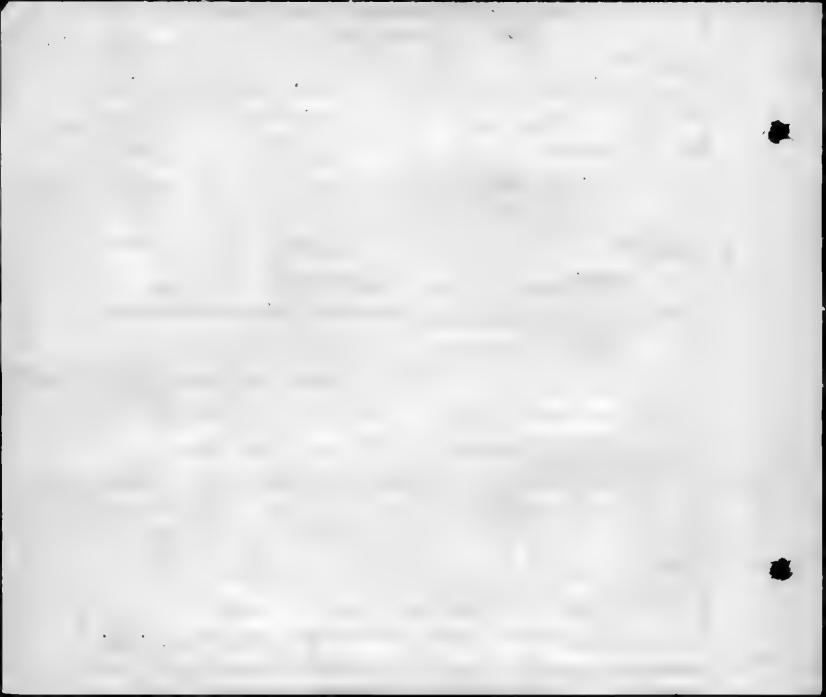
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5339 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

05319

I. PLACE OF DEATH				2.	USUAL RESIDENCE	(Where dece			ın: Resideni	ce before	odm ssion)
Balt	ND	G. STATE Michigan 6. COUNTY									
b CITY OR TOWN (I	l autside corporate limits, write.	RURAL C.	LENGTH OF STAY IN	1Ь	c. CITY OR TOWN	(If autside co	rporate limits	, write Rt	JRAL and g	give near	est town) V
Chas	56				(TOE	se Po	inte			1	
d NAME OF HOSPIT	AL OR INSTITUTION (1	finat in hospital,	give street address)		d STREET ADDRESS					e.	ON A FARM?
Rura	1				1176	O Whi	te Hal	L		\ Y	ES NO
3. NAME OF DECEASED	First		Middle		Lost	4 DATE OF		Month		Day	Year
(Type or print)		LLIAM _	C		PADDACH	DEATH		May	-	12,	1959
5, SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	3. DAT	TE OF BIRTH		9, AGE (In fost buthdo				UNDER 24 HRS
Male	White	WIDOWED 🔲	DIVORCED [	5/1	./06		5	yrs.	Material Pe	ays n	DUIS MIR.
	ON (Give kind of work d ng life, even if retired)	ane 10b, KIND	OF BUSINESS OR IN	DUSTRY	11 BIRTHPLACE (SIO	te or fareign	country)		12. CITIZI	EN OF W	VHAT COUNTRY
Pilet		Ai	rplane		Penn.				U.	S.A	
13. FATHER'S NAME			_	14	MOTHER'S MAIDEN	NAME					
Edward	E. Paddoe	k			Jessi	e Rie	hard				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		AL SECURITY NO	7. NFO	MANT			Address		. \	102
ne			unknown (	harl.	sverhen	dentu	neral Ho	ML -	Detro	1, 1	Mich.
	TH Enter only and cour	e per line for (c	a), (b), and (c) ]			-		-		INTERVAL	DETWEEN ND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Multin	ole_extrem	e in	iuries					011221	TO DEATH
1114	DUE TO										the second
Conditions, if o											
gove rise to imme	diote couse {										
(a), stating the	underlying (c)										
Z PART II, OT	HER SIGNIFICANT COND	ITIONS CONTR	BUTING TO DEATH B	UTNOT	RELATED TO THE TER	MINAL DISE	ASE CONDITIO	ON GIYEN	NIN PART		
PART II, OT											PERFORMED?
*	USE WAS 20t	DESCRIBE HO	W INJURY OCCURRE	D. (Enter	noture of injury in P	art f or Part	H of Hem 18	)			
PRIMARY IN OF CO	NTRIBUTING []		Airpla	ne ci	rash						
3 20c. TIME OF INJU	RY Month, Day, Yea	20d INJU	RY OCCURRED 20e	PLACE O	F INJURY (Home, fo	rm, 20f (Ci	ity or lawn)		(Coun	ty)	(State)
20c. TIME OF INJU	5/12 121	While A	Not white of work		over fam		Chase		Bal	to.	Md.
	hat I took charge	7/					Inspection		Inquiry		and in my
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opinion death	retured from.	TOTO COUS	es [], Accide		suicioe [_],	Homicia	ье <u>П</u> , о	HOGIGIE	nined m	anner	
ACTUAL /	Thoules	Lan	Jan. 10	UP	_ CHIEF MEDICAL	EXAMINED [	~			9	ATE SIGNED
SIGNATURE	A CALLES	102	muce	M	D. ASSISTANT MEDI	-	_			1	1
EXAMINER'S	Charles O'	Donnall			DEPUTY MEDICA		-		1	5/12	100
NAME (Type)	ON 225 DATE THEREO		NAME OF CEMETERY	OR CRE				<u></u>	20110613	1	Tistoral .
REMOVAL (Specify	- 1 1-						ATION (City,	~		364	(Sidile)
Burial 23 PUNERAL DIRECTOR		o n.	ADDRESS	ber	Ceme ter	C'D BY REGI		Coun	RAR'S SIGK		eh.
		O TO D-		01+4			SINAR Z40	KEQISTI	KUK 2 3101	MATURE	
John A.	Meran 300	U E.Ea	lto.St.E	なてかる	DALE A	V 1 5 15	0	~ -0			



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 5E	5172 CERTIFICATE OF DEATH Reg. Dist. No. (15321)
og og P	1. PLACE OF DEATH 9. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 9. COUNTY 9. COUNTY 1. PLACE OF DEATH 9. COUNTY 9. COUNTY 1. COUNTY 9. COUNTY
4 A A B B ( M)	Baltimore Md. Baltimore
Funeral fuld be	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Dimdalk  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore 22
X *	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  4. STREET ADDRESS ON A FARM? YES ON A FARM? YES NOW
hou fin and	3. NAME OF First Middle Lost 4. DATE Month Day Year
illection 24	(Type or print) Victoria Panceszyn DEATH May 12 1959
Pag Pag	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9 AGE (In your 1 YEAR IF UNDER 14 HRS
S. S.	F WIDOWED DIVORCED 12/24/1879 To yrs. Months Days Hours Min.
d camp paper eath.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fareign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
and cond cond cond cond cond cond cond co	Housewife Poland Poland
corbo after	13. FATHER'S NAME
rs o o o	? Krysko Uhknown
physici physici phours	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  17. INFORMANT  Address
\$ 55	No Mrs Mary Plucinski 2472 Keyway Balto 2
attendin n please t within	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)
the The The ven	X DUE TO
1 th	Conditions, if any, which ) (b)
n a n	gove rise to immediate DUE TO
an. sign	lying couse lost. (c)
Sicion Fron	PATE 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
phy phy iof- iof-	J PARKIN SON'S DISEAS - YES NOT
AN: The serving ficate the burner or ren	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED?  YES NOT SOME OF DEATH OF CONTRIBUTING OF CONTRIBUTIONS OF CONTRI
HYSICI is certifications as matical	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURTED / 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)  Heur a. st.  p. m. 19 of work of w
or pital	
Pos Affe Shed rial,	21. I certify that I attended the deceased from 1995, to 1959, that I last saw the deceased alive an 1995, 1999, and that death occurred at 505 P.M. from the causes and on the date stated above
P S S S S S S S S S S S S S S S S S S S	ADDRESS (Street, city or lown, stote)  DATE SIGNET
OR AT	SIGNATURE MO DE NORNING YEN
FAL AL Choul	PHYSICIAN'S MB DAVIS MD Durlane 22 mg 5/14/13
HOSPII oy be oge 3 s	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
D HO POSE The re	Burial   5/16/1959   Sacred Heart of Mary   Baltimore Co. Md.
FF	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	Hour to Sheler & Sand fine 421 S. Chestylet DATE MAY 15159 Oriling & Known



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

IS RESIDENCE

ON A FARM?

Year

19

INTERVAL BETWEEN ONSET AND DEATH

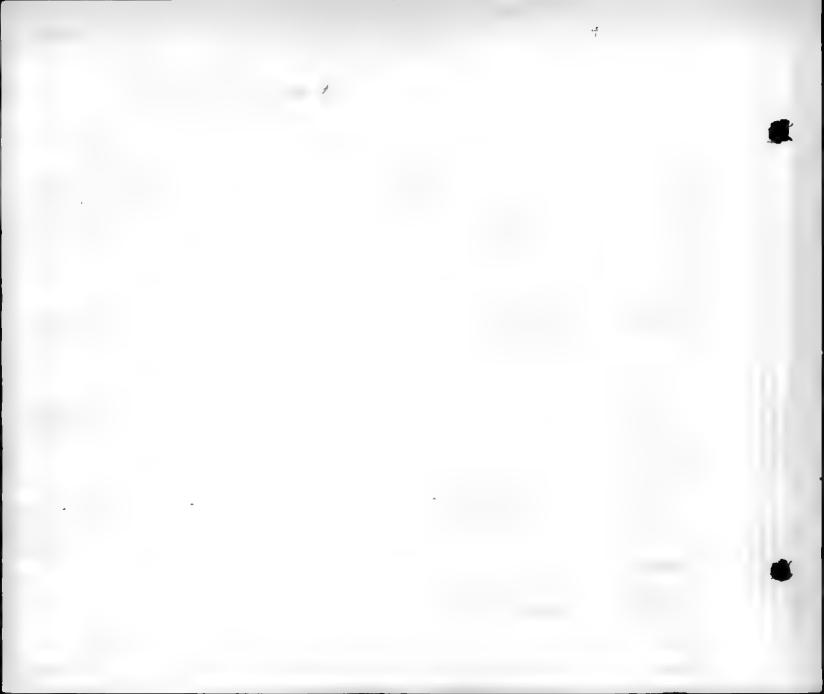
(Stote)

DATE SIGNED

(Stote)

15M 9/58





## OR STATE **MEALTH DEPT**

TO DEPUTY MIDICAL EXAMINER: This certificate should be exemited within 24 hours after meath. If may delay it messary, please execute the findie, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funer actor. Page 4 should be exwanded to the Chief Medical Examiner's Office along with form PM3, Page 5 may be retained your files. A should be used as a should be used as burial-transit permit. Figges 1 and 2 with the State Board of Hadith, or its designated again, prior to burial, corresponding any event within 22 hours after doots.

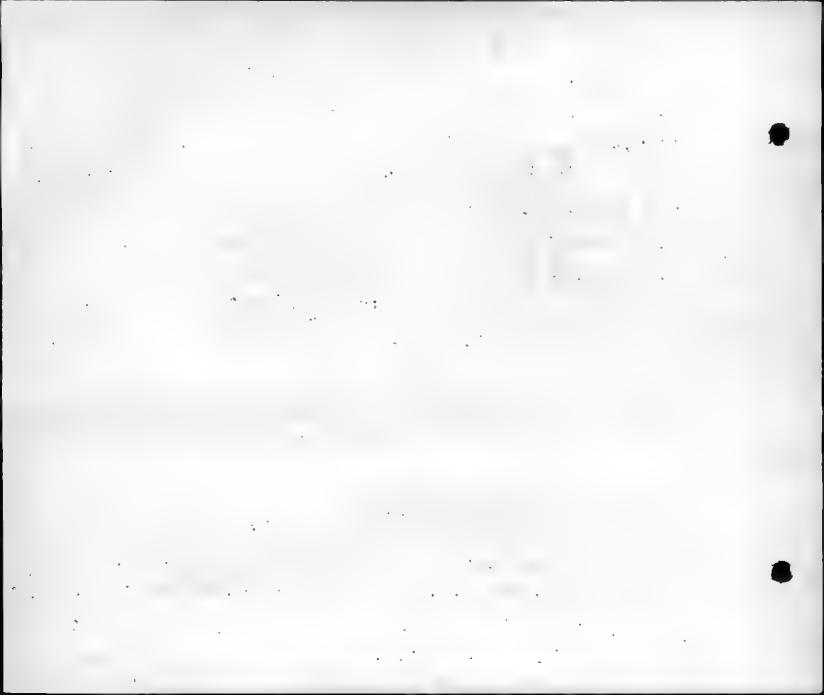
VS A1SME \$M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5342 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05323 Reg. Dist. No

/		PLACE OF DEATH	timore		MARYS	AND	2. USUAL RESIDENCE	York	ned lived. If ins		dence bef	ore odmi	ssion)
	ь	CITY OR TOWN (15 of and give nearest town).	sulside ca parale amili, w c	e RURAL	c LENGTH OF STAY II		c. CITY OR TOWN		porale l'mits, wr	ile RURAL o	nd give n	earest for	wn) 🗸
	d	I. NAME OF HOSPITA RUT		If not in ho	spital, give street address	)	d. STREET ADDRES	Lennox	Road			ON	A FARMS
	1	NAME OF DECEASED Type or print)	Fi		Middle		losi DEMOTO	4. DATE OF		nth	12,		9 <b>59</b>
	5. S		6. COLOR OR RACE	NOLD 7. MARRI	W.	T la	PENSIG DATE OF BIRTH	DEATH	9. AGE (In yours	ay TEDNOS	R TYEAR		9 <b>&gt;</b> 7
		MALE	WHITE	WIDOWE	DIVORCED	3   3	Feb.12. 19		Fort birthday]	Months	Days	Hours	Min
)	d	luring most of working	N (Give kind of work life, even if retired) Sician	done 10b.	KIND OF BUSINESS OR II	NDUSTI	Brooklyn  84. MOTHER'S MAIDE	, New			U.S.		COUNTRY
		S	amuel Pen	sig			Emma	Mav					
		WAS DECEASED EVE		RCES? 16.	SOCIAL SECURITY NO	17. BN	FORMANT	1100,	Addre	P94	Bro	okly	n
		NO			for (o), (b), and (c), )	Sh	erman's Fl	atbush	Mem. Ch	apel.	New	Yor	k .
7	CERTIFICATION	Canditions, if an gave rise to immedital, stating the uncause fast.	ate cause DUF TO	) IDITIONS C	ONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TE			GIVEN IN PA		PERFO	AUTOPSY RMED? NO
		20g. EXTERNAL CAUS PRIMARY & gr CON CAUSE OF DEATH.	TRIBUTING []	06. DESCRIE	SE HOW INJURY OCCURS Airplan			Part t or Part t	l of item 18.)				
	MEDICAL	20c. TIME OF INJURY	r Month, Day, Ye	or 20d. Whi	INJURY OCCURRED 200	e. PLAC	E OF INJURY (Home, fi ry, street, office bldg.,	orm. 20f (Cit	y or fawn)	(C	ounty)		(Stole)
	ME	5:15 2000		59 01 4	ork at work	I	ir over fa	rm (	Chase	E	alto	•	Md.
J. J.	220-	Opinion death r  ACTUAL SIGNATURE EXAMINER'S NAME (Type)	esulted from:	Noturol Tonne		ent D	Suicide ,  M.D. CHIEF MEDICAL  ASSISTANT MED  DEPUTY MEDICAL	Homicide  REMINAXE  REMINA		, Inqu	, —	-	d in my
	720	BURIAL CREMATION	5-14-5	9 9	Beth Davis			22d toca	TION (City, town		nd	[SI of e	4)
	23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			EC'D BY REGIS		GISTRAR'S S		E	-
		Walliam Co	ook, Inc.	, 121	7 3t. Paul	Sti	CEPT DATE	MAY 1 5	'59	arthur	8 th	u.A	





# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5244 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Re

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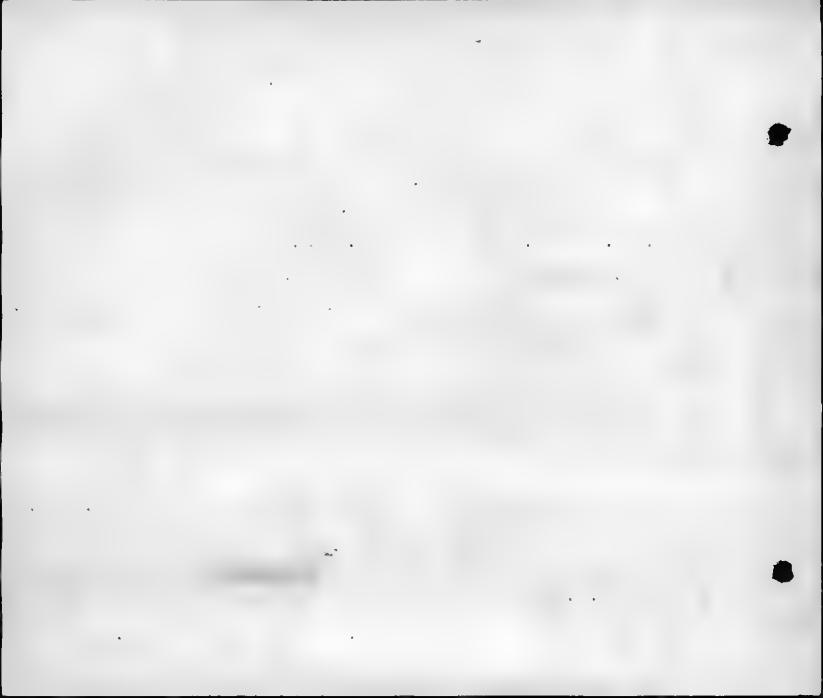
Baard of Health,

to DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is rexecute the fricate, writing the ward "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be predeted to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State by or its designated agent, prior to burial, cremation, ar remained. The pages 1 and 2 with the Goth.

VS. A15ME \$M 2 57

necessory, please rctor. Page your files.

الله	F1 of up				Reg. Dist. No.
PLACE OF DEATH			2. USUAL RESIDENCE (Where	deceased lived. If instituti	ion- Residence before admiss an)
o. COUNTY Bal	timore	MARYLAND	o-SYATE Conn.	b. COUNTY	
b. CITY OR TOWN	if outside corporate firmiss, write RURA			ide corporate limits, write f	RURAL and give nearest town)
and give nearest few	n)		Greenwi		
d. NAME OF HOSPI	TAL OR INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS		e IS RESIDE
Rur	al		20 Chu	rch Street	YES N
3. NAME OF	First	Middle	Lost 4. C	DATE Month	Doy Year
(Type or print)	WALTE	R. H.		DEATH MAY	12, 195
5. SEX			DATE OF BIRTH		IF UNDER TYEAR IF UNDER 24
male			Oct. 11, 1901	hart b sthdey) 57 yrs	Months Days Hours Mit
Igo. USUAL OCCUPAT	ION (Give kind of work done	106. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COU
during most of work	ing life, even if retired)	01 D I D	Co. N.Y.		
I3. FATHER'S NAME	41200 22004	TI INDEA SOLOT	14. MOTHER'S MAIDEN NAMI		<u></u>
Walter H.	Polland		Mary E. Lyn		
	VER IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO. 17. IN	FORMANY	Address	
[Yes, no, or unknown]	(If you, give wer or dates of service	1			, Arlington, M
	<u> </u>		-11 110 110 110 11 C	77 - 2100 000	Tinterval between
gave rise to imme (a), stating the cause last.					
PART II. OT		NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	EN IN PART I(a) 19. WAS AUTO PERFORME YES 1 NO
20a. EXTERNAL CA	ONTRIBUTING 🗆	SCRIBE HOW INJURY OCCURRED (E	nter nature of injury in Port 1 ar	r Part II of item 18 )	
		Airplane cr			
20c. TIME OF INJU	· ·	White Not white 2	CE OF INJURY (Home, form, i.2 bry, street, affice bldg., etc.)	Of, (City or town)	(County) (5)
5:15 Pm		ASSURE TABLE AND A STATE OF THE PARTY OF THE	ir over farm	Chase	Balto. M
21. I certify	that I took charge of	the remains described abo	ve, held an Autopsy 🗓	XI, Inspection	Inquiry , and in
opinion death	resulted from: Note	ural causes 🗐, Accident 🖯	K. Suicide . Hon	nicide []. Undeter	mined monner
1	200 X	hospit	Lamph *	E-LES	
ACTUAL SIGNATURE	111000	avis	M.D. CHIEF MEDICAL EXAMI	NER []	DATE SIGNI
			ASSISTANT MEDICALE	XAMINER 🗆 🗸 .	Mille
EXAMINER'S NAME (Type)					1/1/1/4
	M. B. Davis		DEPUTY MEDICAL EXAM	MINER 1	1.101
22a. BURIAL, CREMAT	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY OR		I, LOCATION (City, Iown, o	(State)
22a. BURIAL, CREMAT REMOVAL (Specil	ON. 226. DATE THEREOF		CREMATORY 222	S, LOCATION (City, Iown, o	
22a. BURIAL, CREMAT	ON. 226. DATE THEREOF	Evergreen C	CREMATORY 222	Leominster,	
Za. BURIAL, CREMAT	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY OR			(State)



death.



### FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the Conference withing the word "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the funery-rector. Page 4 should be "Larded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, at its designated agent, prior to burial, cremation, at removal, and in afficered within 72 hours after death.

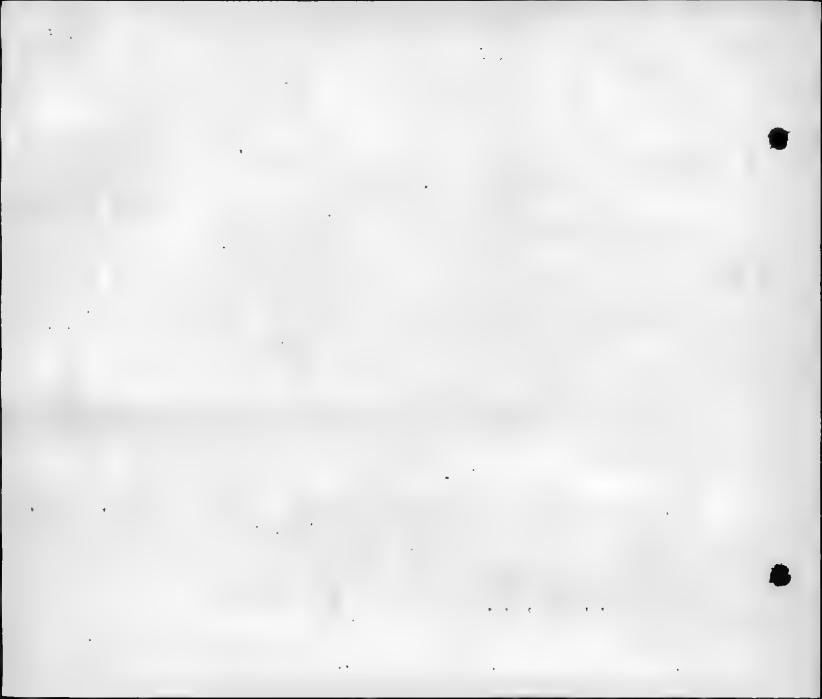
VS A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5346

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. (1) 532	Reg. [	st. No.	.(1	$\Box$	3	7	7
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PLACE OF DEATH	ltimore			[]	2. USUAL RESIDEN	CE (Where dece	ased lived. If is		lence before	e admiss on)
				RYLAND	Ne	w York			the six dentes as	
and give nearest low		e EJRAL	c. LENGTH OF STA	KY IN 16		/N (If outside co		write RURAL on	id give near	rest town)
	856		1		Sp	ring Va	lley	67:		
_	TAL OR INSTITUTION (	If not in hos	pitot, give street add	rest)	d STREET ADDR				0	ON A FARM?
	ral				46 Orch					YES NO
J. NAME OF DECEASED	Fir	'af	Middle		Lost	4. DATE		Santh	Day	Year
(Type as print)		WIN_	H.	POTIS		) DEATH	TV.	y	12_	1959
5. SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARR	1ED 🔲 8. 0	ATE OF BIRTH		9. AGE  In yes lost birthday)	Months		UNDER 24 HRS
M	W	WIDOWED	DIVORCE	o 🗆 S	ept. 4,	1927	0.7	yrs manins	Days H	lours Min.
100 USUAL OCCUPAT	ON (Give kind of working life, even if retired)	done 10b. K	IND OF BUSINESS C	R INDUSTRY	11. BIRTHPLACE	State or foreign	country]	12. CH	TIZEN OF V	WHAT COUNTRY
Salesm					Bosto	n, Mas	9.		USA	
13. FATHER'S NAME				1	4. MOTHER'S MAIL	DEN NAME				
Samu	el Potis	h			E	thel :	Somers	et		
15. WAS DECEASED EN	/ER IN U. S. ARMED FO		SOCIAL SECURITY N	O. 17. INF	ORMANT		Ade	dress		*
Free toth as authority	tit yes, give wor ar boiet or	Intrice)		Mr	s. Norm	a Poti:	sh-46	Orchid	St.	
gove rise to imme (o), stating the cause last,  PART II. OT		)	DITRIBUTING TO DE	ATH BUT NO	T RELATED TO THE	TERMINAL DISEA	SE CONDITION	GIVEN IN PAI		WAS AUTOPSY PERFORMED?
5 20g. EXTERNAL CA	USE WAS 20	06 DESCRIBE	HOW INJURY OCC	URRED. (Ente	er nature of injury i	n Fort I or Fort	II of item 18 }	*****		
PRIMARY De or CO	NIKIBUTING L		Airplane	crash						
3 20c. TIME OF INJL	IRY Month, Doy, Ye		NJURY OCCURRED	20e. PLACE	OF INJURY (Home	form, 20f. (Ci	ly or fown)	(Co	ounty)	(Stote)
20c. TIME OF INJU	19	White of wo	rk of work		, street, office bldg OVER FARM		150	Bal	to-	Md.
	hat I took charge								ry 🗍	and in my
	resulted fram:		-		_	, Homicid	-	letermined	manner	
ACTUAL SIGNATURE	1111	Da	No		M.D. CHIEF MEDIC	AL EXAMINER	]	1	10	ATE SIGNED
					ASSISTANT N	EDICAL EXAMIN	IER 🔲	3	114/	150
EXAMINER'S NAME (Type)	M.B. Davis,	M.D.			DEPUTY MED	ICAL EXAMINER	4	/	// //	/
220. BURIAL CREMATIC	ON, 226 DATE THERE	OF	22c. NAME OF CEM	ETERY OR CI	REMATORY	27d LOC	ATION (City, to	wn, or county)		(Stole)
Burial Burial	May 17.	1959	Custom	Tail	ors	Wes'	t Roxb	ury. M	lass.	
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		240.	REC'D BY REGIS	TRAR 246. 8	EGISTRAR'S SI		manufomax
H. Sander	& Sons,	Inc.	Baltim	ore,	Md. DAT	E MAY 1!	5 '59	arthur	S. Han	AA



ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
F 0			

5347 CERTIFICATE OF DEATH

	COIN		ALE OF BEATT	Reg	Dist. No.
PLACE OF DEATH     COUNTY			2 USUAL RESIDENCE (WH	ere deceased lived. If institution: Re	sidence before admission)
	timore	MARYLAND	o. STATE Maryla	and b. COUNTY A	llegany
b. CITY OR TOWN (If auts RURAL and give neares)	ide corporate limits, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF o	utside carporate limits, write RURAL	ond give nearest tawn)
Fort Howar		70 Days	Midlar	nd Ole	. >.
d NAME OF HOSPITAL (II	not in haspital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE
	dministration				ON A FARM? YES X NO
3. NAME OF DECEASED	First AT	EX Middle (NI	I) Loss QULN	4 DATE Month	Day Year
(Type or print)	ALEXANDER	and the second second	QUINN	DEATH May	1 19 59
5. SEX 6. (	COLOR OR RACE 7 MARR	IED NEVER MARRIED	B. DATE OF BIRTH		NDER TYEAR IF UNDER 24 HE
Male	White   WIDOWE	DIVORCED	4/8/86	73 birthday) Man	ths Days Hours Min
10a. USUAL OCCUPATION (G during most of working li	ive kind of work done 10b.	KIND OF BUSINESS OR INDE	USTRY 11. BIRTHPLACE (State	ar fareign country) 12	CITIZEN OF WHAT COUNT
Laborer		re Mfg. Co.	Midlothian	n, Maryland	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
J.	AMES QUINN		MARION	NICHOL	
15. WAS DECEASED EVER IN	U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17.	INFORMANT	Address	
	W I 21	4-07-0055 dli	n.Records, Vets	s.Adm.Hospital,Ft	.Howard, Md.
	Enter only one cause per lin				INTERVAL BETWEEN
PART I. DEATH W	AS CAUSED BY: BROK	CHOGENIC CARC	INOMA LEFT UP	PER LOBE WITH	UNKNOWN
102.1	DUE TO GENE	CRALIZED METAS	TASIS.		O THE TOTAL
Conditions, if any, w					
gave rise to immed cause (a), stating the us	di ate				
lying cause last.	(c)				
PART II. OTHER SI CONG	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN	PART 1(a) 19 WAS AUTOPS
	ESTIVE HEART	FAILURE			YES NO
200. ACCIDENT WAS UN OR CONTRIBUTING C	DERLYING 1 20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury in P	art I or Part II of item 18.)	
	CAL EXAMINER)				
20c. TIME OF INJURY M Hour a. m.			IACE OF INJURY (Home, form, sciery, street, office bldg, etc.)	20f. (City or town)	(County) (State
P. m.	19 While at work	TAME AND AND THE TAME AND THE PARTY OF THE P	sciory, sincer, office olog , etc.		
21. I certify that	attended the decease	ed from February	20 19 59 to Me	ay 1 1959 max	BUTTO CONTINUES
				e.M. from the causes and a	in the date stated abo
6.0	100	0 1		ADDRESS (Street, city or town, state)	DATE SIGN
SIGNATURE CULLIS	my 4 Slevane	Powski	MD VAH FO	ort Howard, Md.	
PHYSICIAN'S A STREET	1 - 1				***********
NAME (Type) ANTH	ONY A. LEWANI	DOWSKI, M.D.	VAH. For	t Howard, Md.	5/2/59
220 BURIAL, CREMATION, 2 REMOVAL (Specify)	26 DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d LOCATION (City, town, or cour	nty) (Stole)
Removal	5-2-59	Memorial Cem	etery	Frostburg, M	laryland
23. FUNERAL DIRECTOR'S SIG	6	009 Harford R		BY REGISTRAR 246 REGISTRAR	
Wm.Cook-Blig	ht, Inc.	Baltimore L.	Md. DATE M	AY 7 '59 0 #	. 0 50



deoth.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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FOR S	TATE
HEALTH	DEPT.
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recessary, plea rector. Pag your files.	
elay is necess funer established by State Board	J
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FCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, if finds the word "pending" in penaltin item, 18. Give Pages 1, 2, and 3 to the funer rector.  For a page 5 may be retained to the Chief Ladminer's Office along will form PM3. Page 5 may be retained your file RECTOR. Pages 3 should be used as a build-itransit permit. File pages 1 and 2 with the State Board of Handle man and management with a fact that the chart.	1
EX.	
A Cond	D I
200 4	3

VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 1 5348 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8	7	7	4					
Reg.	Dist.	No.	0	5	3	3	1	

b. COUNTY Baltimore b. CITY OR TOWN   If outside corporate limits, write RURAL and give received town)  Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  D. COUNTY  b. COUNTY  c. CITY OR TOWN (If outside corporate limits, write RURAL and give received town)  Chase  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	RAL and give nearest lown)								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  1. Pidgradula Arrange	RAL and give nearest lown)								
Chase  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  1.0 Pidgradalo Arrango	- //								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  7. Piderado 7. Assessed	7								
70 Didmedala Assays	e. IS PES DENICE ON A FARM								
Rural 10 Ridgedale Avenue	YES NO								
3. NAME OF DECEASED First Middle Lost 4. DATE Month OF	Day Year								
(Type or print) Henry J. REED DEATH May	12, 1959								
5. SEX 6. COLOR OR RACE 7. MARRIED 3 NEVER MARRIED 8. DATE OF BIRTH 9. AGE I'm years IF	UNDER TYEAR IF UNDER 24 HR								
MALT WHITE WIDOWED DIVORCED July 23, 1917 41 mm	onths Doys Hours Min								
100. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?								
during most of working life, even if refired) Allief Chemical Co. Hornell, N.Y.	U.S.A.								
13. FATHER'S NAME	Mark wiven wereneveler-man								
Claire Reed Laura Williams									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANY Address									
Yes Yes V. Y. II Diffily Funeral Home, Ruth	ford, les Jersey								
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL DET MEEN								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Multiple extreme injuries	ONSET AND DEATH								
86/X DUE TO	desiller of the second								
Canditions, if any, which ) (b)									
gove rise to immediate couse									
(a), storing the underlying (c).									
	IN PART I(a) 19, WAS AUTOPSY								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN  20d. EXTERNAL CAUSE WAS PRIMARY ID OF CONTRIBUTING [] CAUSE OF DEATH.  Aimplane crash	PERFORMED?								
20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of 'njury in Part I or Part II of Item 18.)									
CAUSE OF DEATH.  Airplane crash									
3 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown)	(County) (State)								
20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, form. 20f. (City or town) foctory, street, office bidg., etc.)  Hour, Mach 5,15 p. m. 5/12 19 59 of work at work Air over farm Chase	Balto. Md.								
	inquiry . and in my								
opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undeterm	The second secon								
The state of the s	med mormer [_]								
ACTUAL CHIEF MEDICAL EXAMINER []	DATE SIGNED								
ASSISTANT MEDICAL EXAMINER []	1								
EXAMINER'S Charles O'Donnell, M.D. DEPUTY MEDICAL EXAMINER	417/59								
220 BURIAL CREMATION, 226 DATE THEREOF 226 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or o	county) (State)								
REMOVAL (Specify)	South Carolina								
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRA 246. REGISTRA									
Tr. C ok, Inc. # 1217 St. Paul S reet DATE MAY 15 '59 Cont	and & Kana								



ofter death.

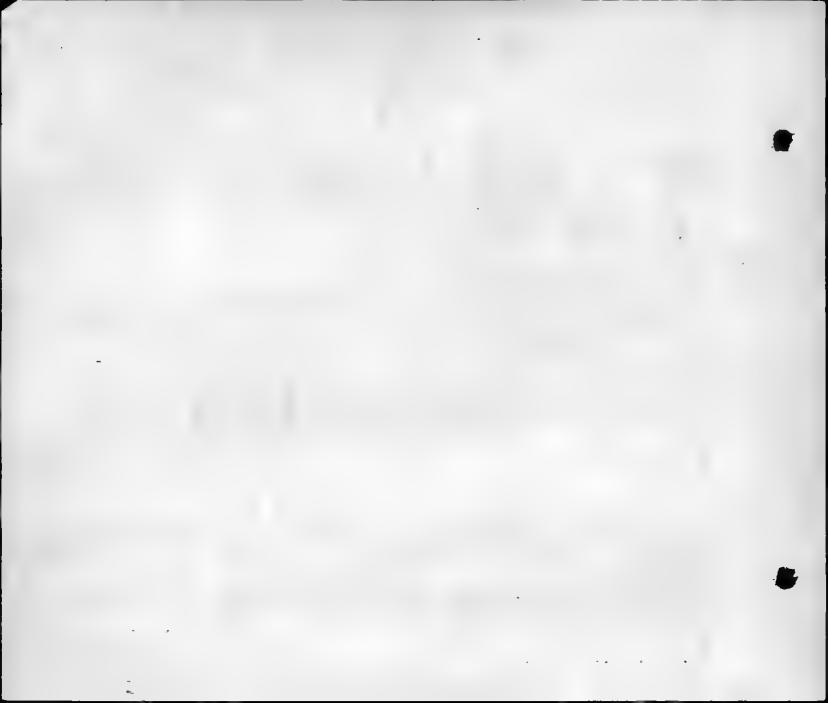
certificate be

death

PHYSICIAN: The low requires that the



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



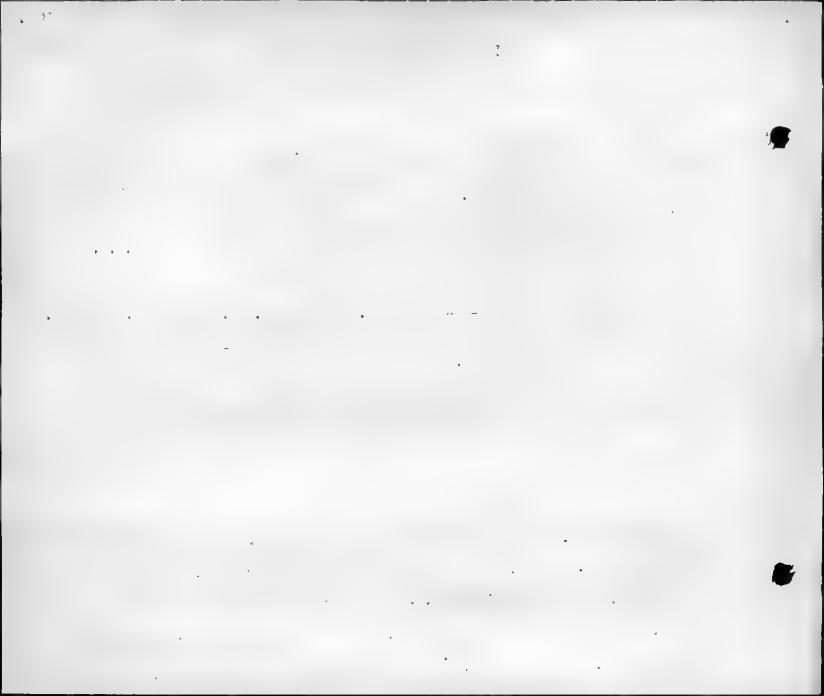
VS A15 (4) 1SM 10/57 11

MARYLAND STATE DEPARTMEN	IT OF HEALTH-BALTIMORE, 1
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5357 CERTIFICATE OF DEATH

Reg. Dist. No. 05334

	1. PLACE OF DEATH	4.*		M	RYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. STATE b COUNTY								
4	b. City or town (#	timore	ts write	c. LENGTH OF ST		- CITY OR	Maryl							
	RURAL ond give nee	rest fown}			AT IN ID	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	Fort Howa		uva straat	9h Days		Baltimore +								
,	OR INSTITUTION			,							e		FARM?	
ı		Administra				2802	W. H.		Avenue			YES 🗌	ио ХХ	
	3. NAME OF DECEASED	Fit	-	Mid	dle	Lo	31	4 DATE OF	Mo	nth	Day	1	reor	
	(Type or print)		STON	J.		REYNOLDS		DEATH	MA.		3		9 59	
	5 SEX	6. COLOR OR RACE	7. MARE	HED NEVER MA	RRIED 🔲	B. DATE OF BIRT	Ή		9. AGE (In years lost birthdoy)	Months				
١	Male	Colored	WIDOWI		CED 🗍	7/29/0			52 yrs		Days	Hours	Min.	
-	10a. USUAL OCCUPATION during most all working	N (Give kind of work in ng life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11 BIRTHP	LACE (Stole	or foreign c	ountry)	12 CII	IZEN OF	WHAT	COUNTRY	
ı	Laborer			ity of Bal	ltimo:	re Balt	imore	. Marv	land	U.	S.A.			
	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME		,,		-		
-	JOH	N REYNOLD	S			MA	RY HO	OPER						
V	15. WAS DECEASED EVER			SOCIAL SECURITY I	NO. 17. I	NFORMANT		02.224	Ade	dress				
-]	Yes	WW II	,	20-08-1:08:	2 (7.4	n Pagan	da Voi	to Adm	.Hospits	.7 TP.L	77		6.3	
4		H [Enter only one co				TIT STREET	USAVEI	LS ACII	I DOSOTE	11 - 7 1.		VAL BE		
	PART I DEAT	H WAS CALISED BY.				TOCALDO	omra /	717770	111000		ONSE	TAND	DEATH	
	443X	IMMEDIATE CAUSE (o	DIS		ARLIER	THOSE IN F	OTTG (	JARUILU	<u>=VASCUIA</u>	R.	UN	KINOA	IN	
	Conditions is no		מפונת	PHOT: 9										
	Canditions, if an	mediate												
	couse (b), stating the lying couse lost													
		) (c		CONTRIBUTION C. TO	DE A PLA BRIT	ALOY SCI ATED TO					-			
	§ 781 11. Olini	R SIGNIFICANT CON	DITIONS_C	ONTRIBUTING TO	DEATH BUT	NOI RELAIED IC	) THE TERMIT	NAL DISEASI	E CONDITION GI	VEN IN PAR		PERFO	RMED?	
	D ACCIDENT WAS	10.000000000000000000000000000000000000	004 000									YES 🗌	ио 🂢	
	PART II. OTHE	CAUSE OF DEATH	206. DESC	CRIBE HOW INJURY	OCCURRE	D. (Enter noture c	of injury in P	ort I or Part	III of item IB.)					
1	ZOC. TIME OF INJURY	Month, Doy, Yes		UURY OCCURRED	20e. PL/	ACE OF INJURY	Home, form,	20f. (City	or town)	(0	County)		(Slote)	
1	Hour o.m.	19	While of warl	Not white	100	tory, street, office	e bldg., etc.	}			, ,			
	21. I certify the	A attended the		-d &Tanns	20 2mz	1050	. Me	av 3	2050					
-1	DECEMBER OF LAND ASSESSMENT	CKUCKUKXX		and rn	ar aearn	accurred of					he date			
1	ACTUAL J.	Tomerco	Mo-	Much	2	77			reet, city or town			DA	TE SIGNED	
Л	SIGNATURE	7	11100	Decet ,		M.DVAH	FOR	HOWA	RD, MARY	LAND				
	PHYSICIAN'S NAME (Type) To	LAWRENCE '	PLEIS	SHER . M.I	).	VAH	FORT	HOWA	RD, MARY	LAND		5/3	/59	
	220 BURIAL CREMATION REMOVAL (Specify)			22c NAME OF CE	METERY O	R CREMATORY		22d LOCAT	ION (City, town,	or county)		(Stole	)	
L	Burial	May 6,]	.959	Baltimor	e Nat	ional		Bal	timore,	Marvl	and			
	23. FUNERAL DIRECTOR'S		3	- ADDRESS		Street	240. REC'D	AN REGIST		STRAR'S SK		4		
	Arlington S	. Phillips	s É	altimore	17. N	arvland	10/1	0 3	-	Activity No.	TURNE	В		



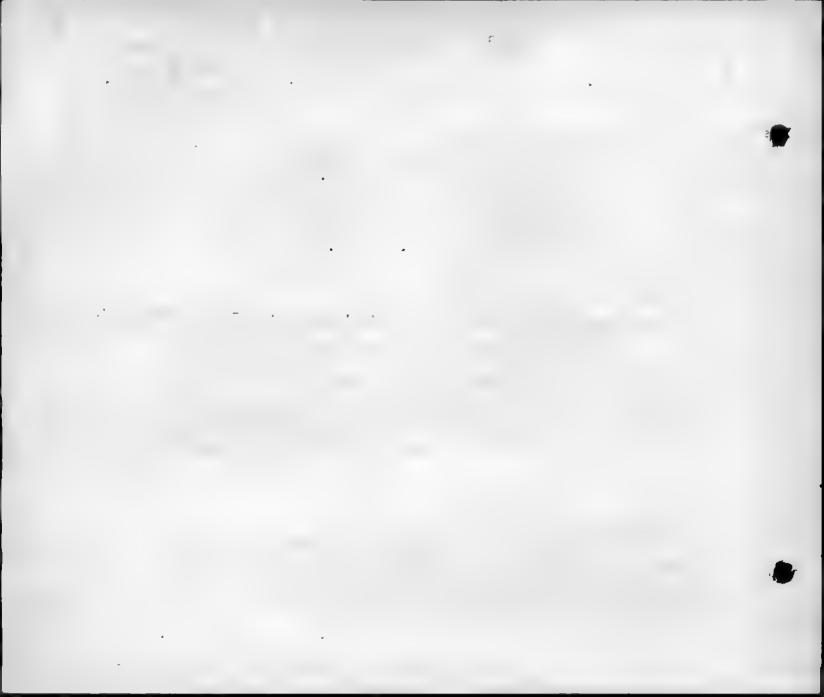
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MARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH-	-BALTIMORE, 18
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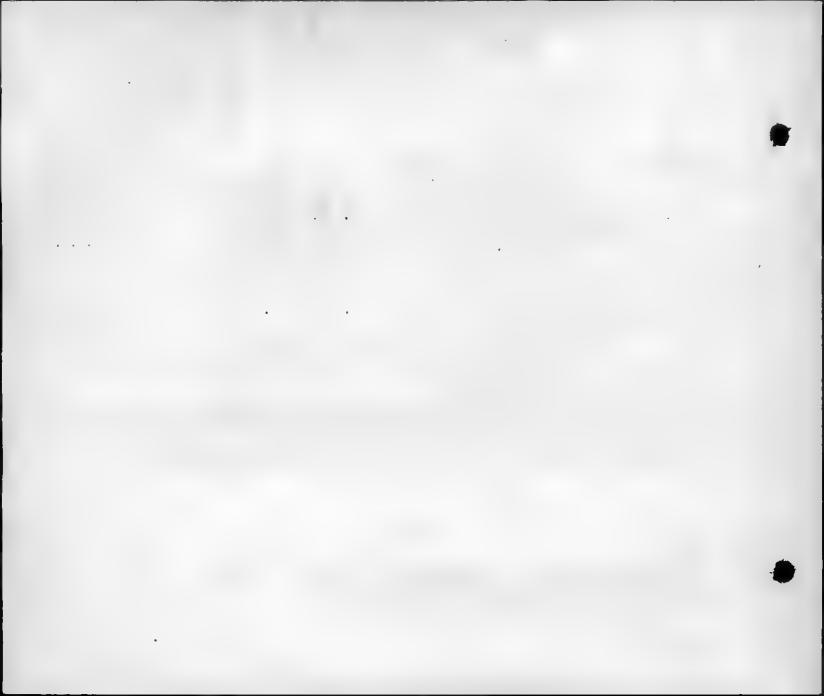
5352	CERTIFICATE	OF DEATH

			35	2 CERI	IFIC/	AIR	: OF DEA	IH			Reg. D	ist. No.	,		
1. PLACE OF DEATH e. COUNTY Balto . MARYLAND				2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission)  o STATE  Md a											
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)						∠−	c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)								
d. NAME OF ROSPITAL (If not in baspital, give street address) or instruction House in the Pines				d. STREET ADDRESS e.						ON /	SIDENCE A FARM?				
3. NAME OF First Middle (Type or print) MARTIN				HOD	E,Jr.		4. DATE OF DEATH	Ma Iv	nth lay	Do	B,	Yeor 19 59			
5.	sex male	6 COLOR OR RACE white	7 MARI WIDOW	RIED NEVER MARI	_		TE OF BIRTH y 2, 1870	)		P AGE (In years last bighday) 9 yrs	Months 1		Hours	ER 24 HRS Mm.	
10	during most of wor Partner	ON (Give kind of work king life, even if retired	done 10b.	Rhode Bro		STRY	11 BIRTHPLACE (SI	ole a	ar foreign co	ountry)	12 C	TIZEN C	F WHA	COUNTRY?	
13.	FATHER'S NAME					14	MOTHER'S MAIDE	N N	AME						
L	Martin I						Margare	t							
		ER IN U. S. ARMED FOR (If yes, give war or dates of i		SOCIAL SECURITY N	0 17. 1	NFOR	MANT			Ado	iress				
-	no					r.	W. Allen	Rh	iode -	13 Over	broo			28	
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	0	ne far (o), (b), and (c	:11	Por	ilme						ERVAL B	DEATH	
	/77×	DUE TO	0	1		0									
	Conditions, if a	mmediate	, , , , ,	MIGHT	خــ	(	ncin	2				-			
	couse (a), stating	the under- DUE TO													
ž		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY													
FICATION		Circulos clerosis of Cardio Van aula Derend YES NO													
CERT	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.)														
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Day, Ye 19	20d. II While of war	NJURY OCCURRED  Not while  t of work	20e. Pi fa	ACE ( ctory,	OF INJURY (Home, fo street, office bldg.,	orm, etc.)	20f. (City	or tawn)		(County)		(State)	
	21. I certify th	nat Lattended the	deceas	ed fram	June	4	. 15£57, 10_	4	Ma_	£ , 1955	_that I	last se	aw the	deceased	
	alive anW	r -	195		it death	acc		14	M, Fran						
	alive an Mar. 1957, and that death accurred of M. From the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED  SIGNATURE  M.D.  M.D.														
	PHYSICIAN'S NAME (Type)	JN Fre	der	ick n	<i>p</i>		1305 F	~	ancis	Ave	Balt	. 2	7/	EM	
224	REMOVAL (Specify)	N, 225 DATE THEREC	F	22c NAME OF CE	METERY O	R CRE	MATORY	:		ION (City, lawn,	**		(Sta	le)	
22	Burial FUNERAL DIRECTOR	5/11/59		Lorrai	ne P	<u>ark</u>				lawn, Mo					
23	My. J.	Tickul	14	SOUS- K	el .	to.		HAY	BY REGIST	A .	STRAR'S S				
	(/														



death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



#### director death. Page Filed , D. þ should Duc .5 filled Pup carbon after ( physician remave attending 'n. been signed by à ony burial-transit b shou may be r n pode

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15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 5354 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY Belt:imore 115 C STATE Md. **b. COUNTY** MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
812 Regester Ave. Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Orangi Turion t Nursing Home 562 W. University Parkway ON A FARM? YES TO NO T NAME OF Middle 4. DATE Year DECEASED Annette Ricards 1059 Simpson 26. May (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Femal a White Sept. 1. 1883 Days Hours DIVORCED [7] WIDOWED F 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Baltimore. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John A. Simpson Mary Quinn Westfield. IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Harold A. Ricards Jr. 255 Canterbury Rd. IIf yes, give war or dates of service 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (o), stoting the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO I 200, ACCIDENT WAS UNDERLYING COR CONTRIBUTING COUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II af item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) Heur a. n. factory, street, office bldg . etc.) While Not while at wark [7] of work 4My 26, 1938, that I last saw the deceased 21. I certify that I attended the deceased from. and that death occurred at 11.15A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) .5/2 >/J-9DATE SIGNED ACTUAL SIGNATURE Frank Leslie PHYSICIAN'S NAME (Type) 226. BURIAL CREMATION, 226. DATE THEREOE 1959 22c NAME OF CEMETERY OF CREMATORY
Green Hount 22d. LOCATION (City, town, or county) (Stote) BUT 12 1 Baltimore, Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

I than a through

John O. Mitchell & Sons Inc. 1900 Eutaw Place





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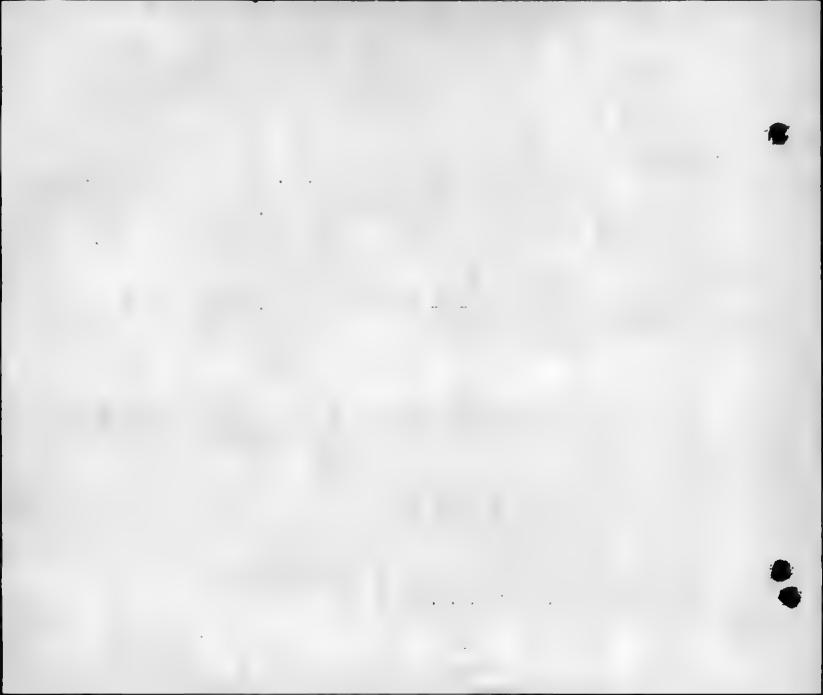
Reg. Dist. No.

	1.	PLACE OF DEATH	imore	517	Ž MAR	YLAND	a crare		Where deceased live	d. If institution b. COUNTY			
	1	Dundalk	outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 16	14		f cutside corporate				
	-	d. NAME OF HOSPITA	AL OR INSTITUTION (	f not in hosp	sitol, give street addre	46}	d. STREET	ADDRESS					RESIDENCE
		10 Dunma	nway				1	19 N	orthshi	p Road	3		N A FARM?
		NAME OF DECEASED (Type or print)	JOHN		RSHALL	RO	BIN <b>S</b> ON		4 DATE OF DEATH	Month Me	v 6	th.	Year 19 59
	5. 5	SEX			D NEVER MARRIE				9. AG	E tin veors   11	FUNDER IN		NDER 24 HRS.
		male	white	WIDOWED					5,1890	Landa de la	Apnths De	ays Hour	1
1	10a	. USUAL OCCUPATION during most of working Checke		dane 10b. K	Steel	INDUSTI			New You			SA .	AT COUNTRY
)	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME				
J			Unknown					បីព	known				
			R IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17. IN	FORMANT			Address			
	ľ	10	() /or greened to desire	21	13-07-720	2	Cather	ine	B.Robin.	son s	same	as #	2
,	MEDICAL CERTIFICATION	PART I. DEAT  LACO.  Conditions, if an agave rise to immed (o), stating the way cause last.	iote couse   DUE TO   (c)   ER SIGNIFICANT CONI SE WAS   20	DITIONS CO	NTRIBUTING TO DEAT	H BUT NO	nter noture of In	THE TERM	NINAL DISEASE CONI	16.)	(Count	YES _	S AUTOPSY FORMED?
		ACTUAL SIGNATURE	at I toak charge From: Natural of Act (1)  Jack C.Co	Causes V	Accident .		M.D. CHIEF A	lamicide MEDICAL EX		tian 💹,			find that signed
			5/9/59	F	22c. NAME OF CEMET		CREMATORY		22d. LOCATION (C			(SI	rate)
		FUNERAL DIRECTOR:	roole De	Alu	ADDRESS		k 22	24a, REC*	D BY REGISTRAR	24b. REGISTR	AR'S SIGN		

TO DEPLYS MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the world within the world in lem 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should be forwarded by the chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial-camation. VS. A15ME(5) 5M 9/55

ar removal.



executed

þe

certificate

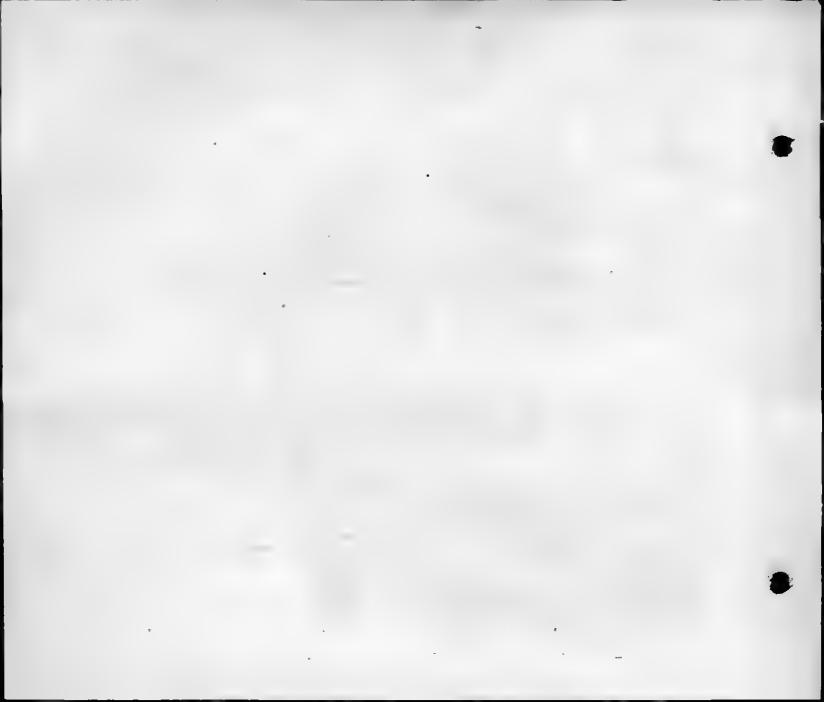
death

that the



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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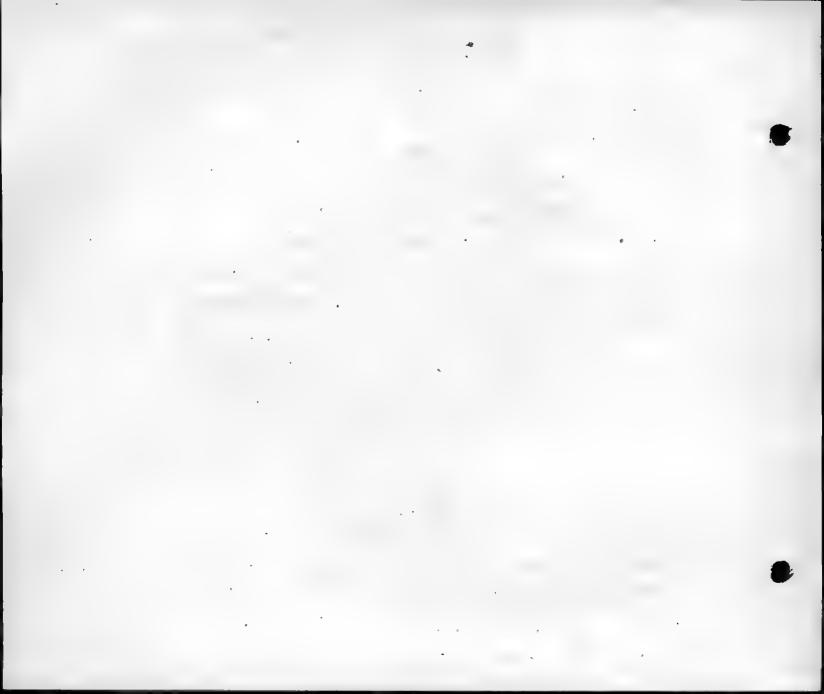


VS A1S (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5358 CERTIFICATE OF DEATH

Rea Dist. No.	()	5	3	4	2
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			<u> </u>									
1 PLACE OF DEATH o. COUNTY B	altimore		MARYL	AND	2. USUAL RESID	Mary		lived If instituti b. COUNTY			re admissa timor	
b. CITY OR TOWN ( RURAL and give n Ridarwo		ls, write	c LENGTH OF STAY II	N 1b		OWN (If o		ote limits, write R	RURAL and (	give neo	rest fown	)
OR INSTITUTION	TAL (If not in hospital, o Joppa Road	jive street	oddress)		/ d. STREET A		ppa Ro	ad			e. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	A. I	ORET	Middle ROGE	RS	Last		4. DATE OF DEATH	May 27,		Da	•	Year 19 59
s sex Female	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED  DIVORCED		8. DATE OF BIRTH			9. AGE (In years lost birthdoy) 64 yrs.	IF UNDER Months	1 YEAR Doys	Hours	Min
Homemaker	king life, even if refired	done 10b.	Cwn Home	INDU	Ma	rylan	d	untry)	12 CITI	ZEN OF		OUNTRY?
13. FATHER'S NAME	_				14. MOTHER'S							
	Rogers			1 .	NFORMANT	alia /	Stanto	n Add				
IS. WAS DECEASED EVE (Yes, no, or unknown) No	(If yes, give wor or dotos of a	ervice)	social security no.		na R. Bo	gers,	Rider			d		
Conditions, if a gove rise to i couse (a), stating lying couse lost.	the <u>under-</u>	An	ngester terise M CONTRIBUTING TO DEA	e 140	corde	t	The.	wase brother condition Gir	VEN IN PAR	6	Wed	AUTOPSY
200. ACCIDENT W.	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINERS		CRIBE HOW INJURY OC								PERFO	NO [
-	RY Month, Doy, Ye	ar 20d. It While at wor	Not while	20e. PL fo	ACE OF INJURY (I	tome, farm, bldg., etc.	20f (City	or town)	(0	County)		(Stole)
21. I certify the olive on	and I oftended the lay 15	deceas 12 Lla	1		19,53 occurred at,		ADDRESS (SI				stoted	
220. BURIAL, CREMATIC REMOVAL (Specify BUTIEL	May 29	DF 1959	22c NAME OF CEMEN				22d. LOCAT	ion (City, town, on, Mary]			(Stot	e)
23. FUNERAL DIRECTOR John Burns	's signature  1 Sons, To	wson.	ADDRESS Maryland			240. REC'I	D BY REGIST		ISTRAR'S SIG			



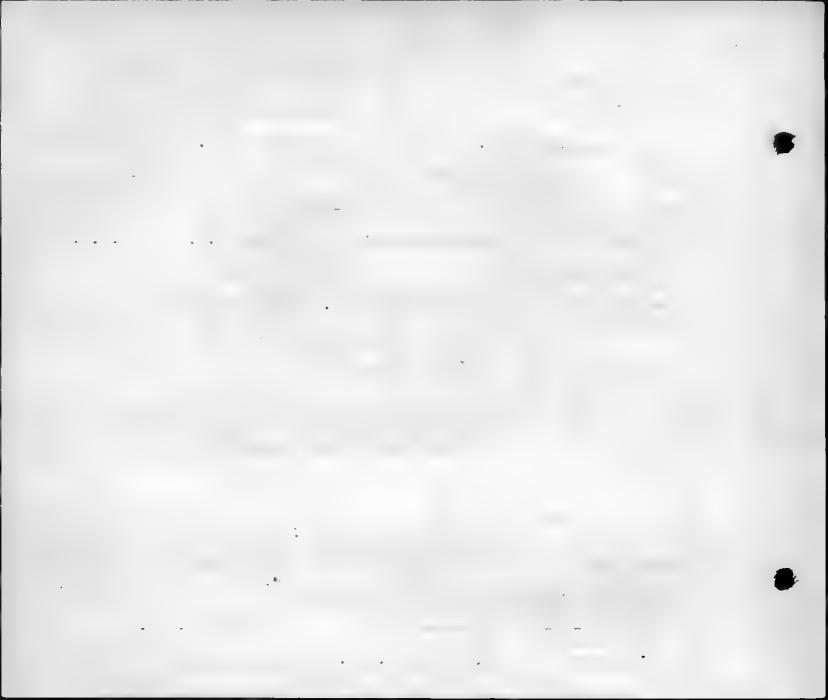
VS A15 (4) 15M 9/S5

ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	14
5175	CERTIFICATE	OF DEATH	

**CERTIFICATE OF DEATH** 

05343

1 PLACE OF DEATH O COUNTY Baltimore MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institution, Residence book STATE b. COUNTY Balti	1
b CITY OR TOWN (If outside corporate limits, write   c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	
RURAL and give nearest lown Baltimore 12	Baltimore 12	illedress sowing
d. NAME OF HOSPITAL (If not in hospital, give street address)	J d STREET ADDRESS	e IS RESIDENCE
or INSTITUTION 510 Murdock Rd.	510 Murdock Rd.	YES NOX
3. NAME OF First Middle	Lost 4. DATE Month	
(Type or print) Herald Clayton Rol	OF TO TO	Day Yeor
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER I YE	AR IF UNDER 24 HRS
male white widowed DIVORCED	8-2-1893   low birthdoy)   Months   Doy	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZET	OF WHAT COUNTRY
during most of working life, even if refired)  painter  home construct	tion Cicero N.Y. U.	S.A.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
Frederick Roller	Barbara Keller	
	NFORMANT Address	
(Yes, no or unknown) (If yes give war or dates of service)		
IB. CAUSE OF DEATH [Enter only one couse per lag for (o), (b), and (c) ]		NTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (6)  OTOMOTAL	Wontoen -	
4. d. O. I DUE TO DE		
Conditions, if any, which ) (b) (Literio Sellet	sis	
gave rise to immediate		
couse (o), stating the <u>under-</u> (but 10)  lying couse lost. (c)		
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 14	19 WAS AUTOPSY
TA TO THE TANK THE THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK TH		PERFORMED?
200. ACCIDENT WAS LINDFRLYING CI 20h. DESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in Port I or Port II of Hem 18.)	1 100 100
OR CONTRIBUTING (I) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, (2.11d) (3.11d) (3.11d) (3.11d)	
	ACE OF INJURY (Home, form, 20f. (City or town) (Courctory, street, affice b dg , etc.)	nty) (Stote)
Hour o.m.    White   Not while   tot	soff, short, direct day, sic.,	
21. I certify that I oftended the deceased from Wee, 10.	1958, to Man 28, 1959, that I last	t saw the decessor
	146-4	
alive on May 2 , 19 9 , and that death	accurred of / NAM, from the couses and on the	date stated above
ACTUAL ACTUAL (MA)	AGORESS (Sylvet, cir.) or town, stole)	-12-150
SIGNATURE ALLACUSE 1005 111.0	M.D. GIV PORT	1-117
PHYSICIAN'S KAURENCE (, Host	Baltimons 12	md
220. BUR AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O		(State)
Burial 5-30-59 Prospect Hi	11 Towson 4, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA	ATURE
Brooks Funeral Service, Towson 4,	27.2	Er
	Md. DATE 1919 2 159 Calles &	· · · · · · · · · · · · · · · · · · ·

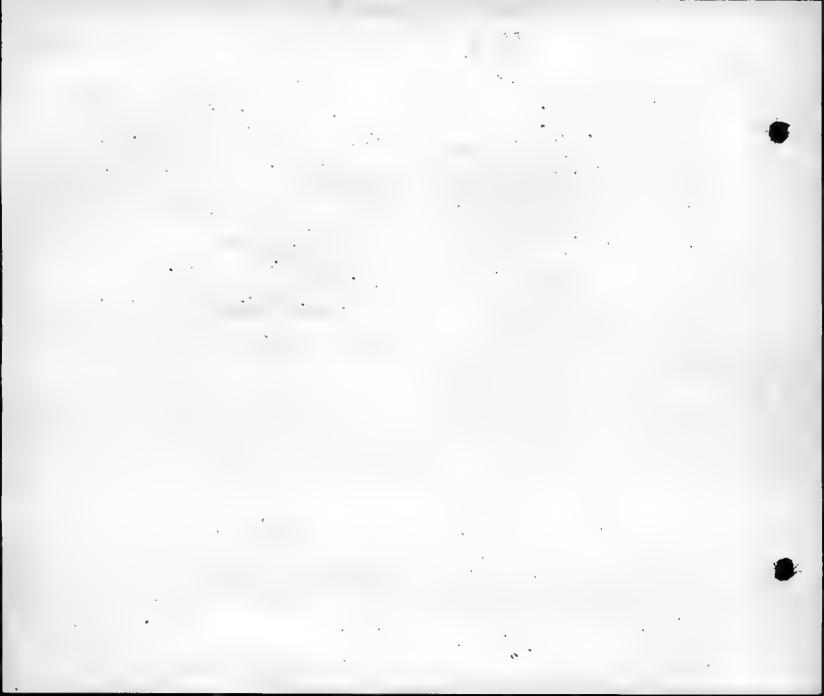


**CERTIFICATE OF DEATH** Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where/Geceased lived If institutions Residence before admission) o. COUNTY **b** COUNTY MARYLAND Prob. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c CLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RUPAL and give nearest town) d. NAME OF HOSP TAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION / ON A FARM? YES 🗍 NO 🔀 .0 2. DATE OF DEATH NAME OF Filled DECEASED (Type or print) 9. AGE (In years 6. COLOR-OR BACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HIS lger/BigHthay) Months Days Hours DIVORCED [ WIDOWED D papers. executed compl USCAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPIACE (State or foreign country) during most of working life, even a retired) 12. CITIZEN OF WHAT COUNTRY? and pan ě 13. FATHER'S NAME 14. MOTHER 6 certificate **m**hysica 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO **INFORMANT** Address affending death 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (g) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which (b) gned gave rise to immediate **DUE TO** cause (o), stoting the underlying cause lost **burial-transit** peen PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO attending 20g ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part i or Port II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) O. m. While Not while of work of wark 21. I certify that 1.ottended the deceased Zthot I lost saw the deceosed from the causes and on the dote stated above olive on that deoth occurred at M. from FUNERAL DIRECTOR DATE SIGNED ACTUAL 3 shauld be prior PHYSICIAN'S NAME (Type) MURIAL CREMATION, 22b, DATE THEREOF 22d. LOCATION (Cib 22c NAME OF CEMETERY OF EREMATORY page 0 246. REGISTRAR'S SIGNATURE
CITCHING S. KLANCA 24g. REC'D BY REGISTRAR VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



05345

DATE SIGNED

(State)

	5360	CERTIFICA	ATE OF DEATH Reg. Di	st. No.
	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residen o. STATE Maryland b. COUNTY C]	ce before odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and Grayton, Maryland	٧
4	d NAME OF HOSPITAL (IF not in hospital, give street OR INSTITUTION SPRING GPOVE STATE HOS		d. STREET ADDRESS -Caryton - Maryland	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Philip	Middle	h Rye 4. Date of DEATH Month	Day Year / & 19 5 /
5.	SEX 6. COLOR OR RACE 7 MARI male White WIDOW	_		1 YEAR IF UNDER 24 HRS Doys Hours Min
	a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  farmhan d	FATTI	Maryland U.	S. A.
	Howard W. Rye		Eva L. Kendrick	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no. or unknown) UNKNOWN		informant Address cords: SPRING GROVE STATE HO	SPITAL
	18. CAUSE OF DEATH [Enter only one couse per li PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	me for (o). (b). ond (c).] Uremia		INTERVAL BETWEEN ONSET AND DEATH
	gove rise to immediate couse (a), stating the under-	Sub-acute glom	erulonephritis	Unknown
CERTIFICATION	/ (4	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	206. ACCIDENT WAS UNDERLYING   206. DES OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of stem 18.)	
MEDICAL	Hour o.m. While	NJURY OCCURRED   20e PL Not while k   of work	ACE OF INJURY (Home, farm, 20f. (City or lown) (Corry, street, office bldg., etc.)	County) (State)
	21. I certify that I attended the deceas alive an May 18 , 19	ed fram <u>Nay 6</u> 59, and that death	n accurred at 8:30p M, fram the causes and an ti	last saw the deceased

22c NAME OF CEMETERY OR CREMATORY

Stula Wacheler.

Stella Wachsler, M. D.

22b. DATE THEREOF

ADDRESS (Street, city or town, stote)

22d LOCATION (City, town, or county)

Catonsville 28, Maryland

24a, REC'D BY REGISTRAR

STATE HOSPITAL

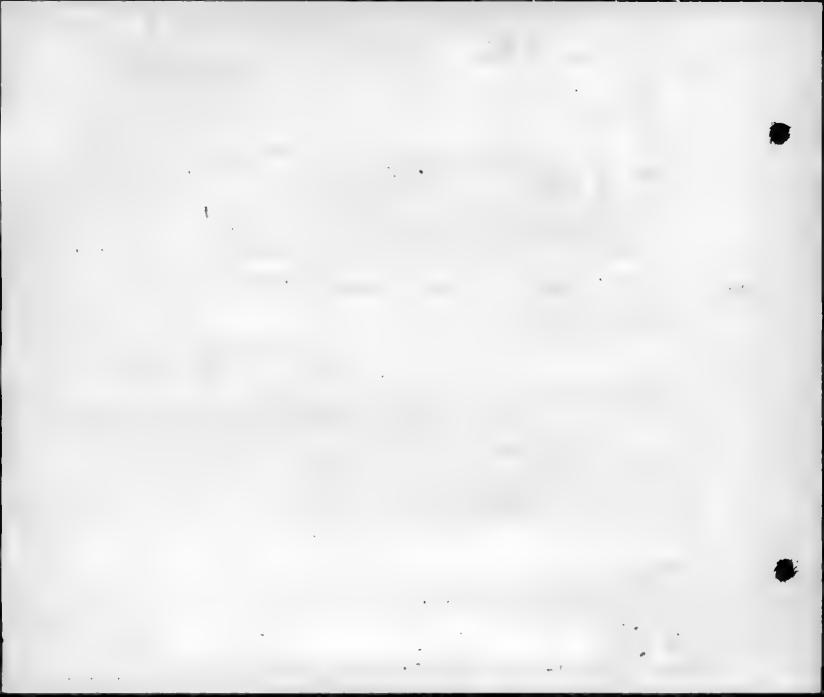
page 3 should be the registrar prior TO FUNERAL D VS A15 (4) 15M 10/57

ACTUAL SIGNATURE,

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, REMOVAL (Specify)

SUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

o. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO I

> > (Stote)

**DATE SIGNED** 

(State)

(County)

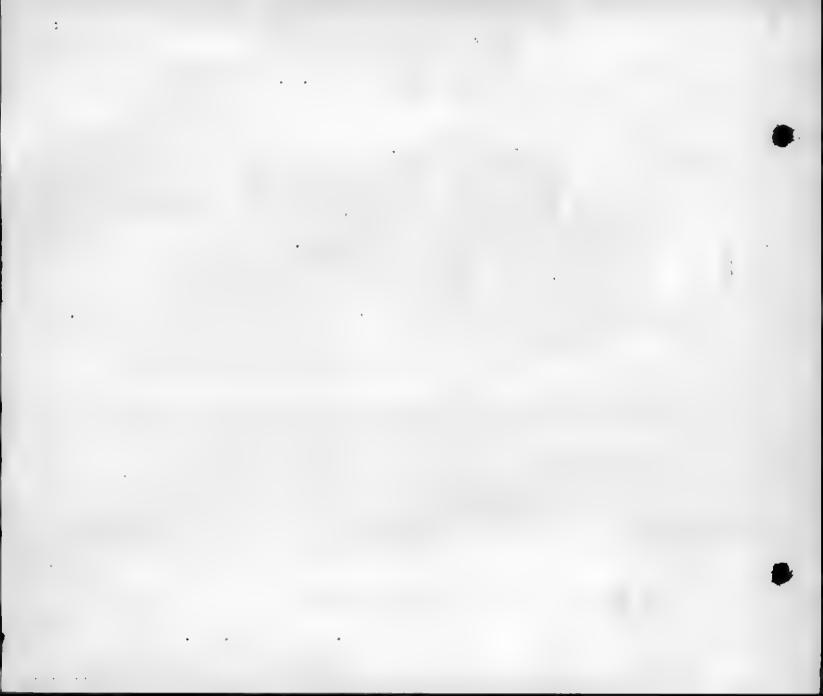
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YES NO F

Yeor

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VS A15 (4) 15M 10/57



VS A15 (4) 1SM 10/57

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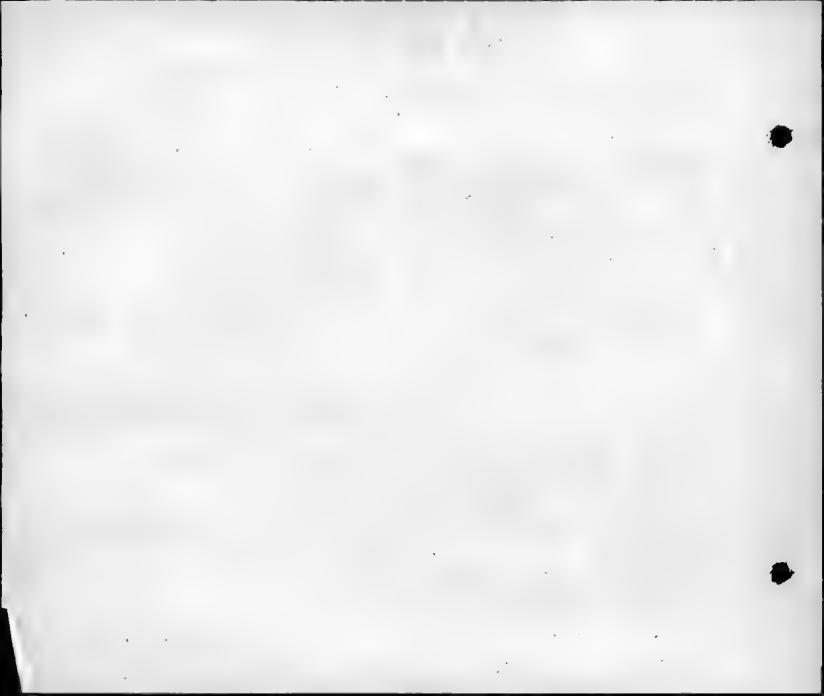
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

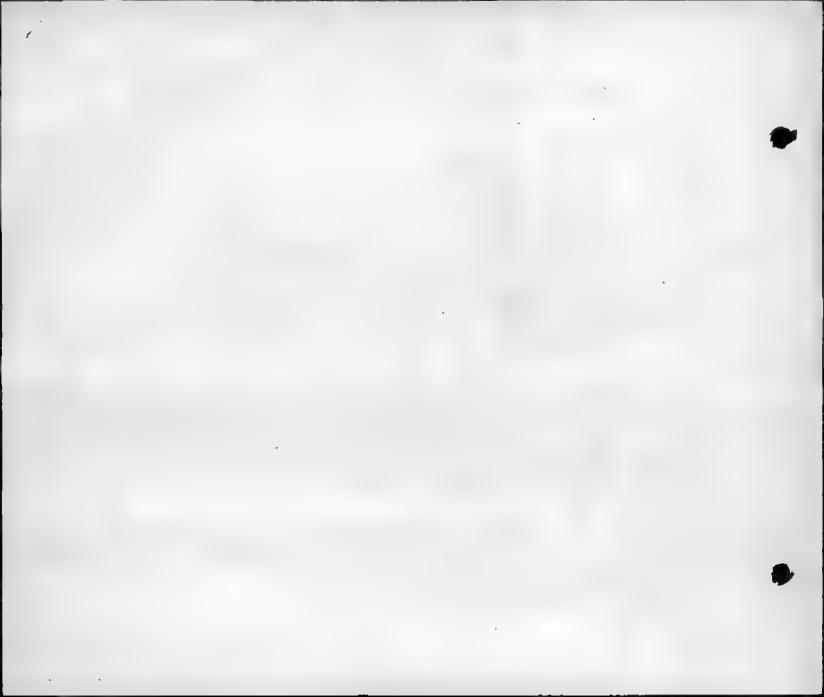
05347

CERTIFICATE OF DEATH

Reg. Dist. No.

		hZ			Reg. Dist. No.	
1. PLACE OF DEATH Baltim		MARYLANE	O STATE	nere deceased lived. If institu b. COUNT		
b CITY OR TOWN (If outside co RURAL and give nearest town) Baltimore		c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF o	outside corporate limits, write		
d. NAME OF HOSPITAL (If not in OR INAUTISTEERS t	hospitol, give street OWN	oddress)	1308 Reiste	erstown Rd.		e IS RESIDENCE ON A FARM? YES NO TO
filler or build	MES First	Middle	SARLIS	OF	onth Da	19 59
Male Whi	te widow		18	9. AGE (In year lost birthday)	Months Days	IF UNDER 24 HRS Hours Min.
100. USUAL OCCUPATION (Give kir during most of working life, ave INES CAUPANT	of work done 10b. In it retired) OWNER	KIND OF BUSINESS OR INI FOOD	DUSTRY 11. BIRTHPLACE (Siole GREEC	or foreign country)	12. CITIZEN O	S.A.
1). FATHER'S NAME FETER S	a <b>t</b> lis		14. MOTHER'S MAIDEN N MARY	Pastra		
15. WAS DECEASED EVER IN U. S. A (Yes no or makeown) (If yes, give ye Anning which would work to	or or dates of service)		atherine Sar		Reisters	town Rd.
Conditions, if any, which gove rise to immediate couse (a), stating the under-	AUSED BY. E CAUSE (o)	ONGES TIVE	HEART ROTIC HEA	FAILURE ART DISC.	ONS	ERVAL BETWEEN SET AND DEATH
2			BUT NOT RELATED TO THE TERMI		IVEN IN PART 1(o) 1	9 WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E.)  20c. TIME OF INJURY Month, Hour o.m. p. m.	XAMINER)	Not while	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.	, 20f. (City or town)	(County)	(State)
21. I certify that I after alive on ATA ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ded the deceas	2 13	oth occurred at	M, fram the causes ADDRESS (Street, city or town  SILVESTUM)	and an the dat	
220 BURIAL CREMATION, 225. DA REMOVAL (Specify) BULLIAL 5-2	ATE THEREOF	27c NAME OF CEMETERY STONE CHA	PET. Cometery	22d LOCATION (City, Iown, Pikesville	Md.	(Stote)
23. FUNERAL DIRECTOR'S SIGNATULE	neurle	ADDRESS			SÍSTRAR'S SIGNATUR	





FOR ST		1	5364 MEDICAL	L EXAMINER'S CERTIFICATE OF DEATI	H Reg. Dist. No(15349
5 8 4 4	DEPT.	1.	PLACE OF DEATH o. COUNTY  Baltimore	2. USUAL RESIDENCE (Where deceased lived. If in MARYLAND b. CO	
ory, pled for Poy sur files.			b. CITY OR TOWN (If outside corporate limits, write FURA, and give nearest fown)	c. LENGTH OF STAY IN 16 c. CITY OR TOWN (IF oviside corporale limits,	write RURAL and give nearest town)
Soord of	¥		o NAME OF HOSPITAL OR INSTITUTION (IF not in hosp The Martin (ompany	oitol, give street oddress) d STREET ADDRESS	ue YES NO.
y deloy he fune e retaine he Stote er death		3.	NAME OF DECEASED (Type or print) Mr. John		May 20th 1959
d 3 to 1 may b with 1	*	5.	male white WIDOWED	NEVER MARRIED   B. DATE OF BITTH  DIVORCED   April 20,1926   33	ors IFUNDER 1YEAR IF UNDER 24 HRS.  Months Days Hours Min.
s ofter death ges 1, 2, an M3. Page 5 iges 1 and 2 within 72 h	(I		o. USUAL OCCUPATION (Give kind of work done 10b KI during most of working life, even if retired)  Painter  BATHER'S NAME	rtin Co. Vermont 14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
in 24 hour Give Po ith form P t. File po any event			JAVAGE 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S es, no, or unknown)   III yes, give wor or doles of service)	Rena May  OCIAL SECURITY NO. 17 INFORMANT Anna M. Savage, 59	504 Gerland Ave.
cuted with a literal 18. e olong wast perminal perminal cal, and in			18. CAUSE OF DEATH [Enter only one course per line to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) 9/6/3 DUE TO	or (c), (b), and (c).)  L+ += Burn over	INTERVAL BETWEEN ONSET AND DEATH
uld be exe in pencil in ner's Offic buriol-tro	V		Conditions, if ony, which gove rise to immediate couse (b), stating the underlying couse tost.	ulu: Body	
pending pending cal Exami used as a	>	SCATION!	PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
he word "he word" Thief Medi shaufd be a burial,		STATE CENTRE	CAUSE OF DEATH.  20c. TIME OF INJURY Month, Doy, Year 20d. In	NJURY OCCURRED   20e PLACE OF INJURY (Home, form, 20f. (City or fown)	law EVolute fle
xaming in the (R. Poge 3 nt, prior		14.57	21. I certify that I took charge of the re	emoins described obove, held on Autopsy , Inspection	Inquiry and in my
FEDICAL F Ficose DIRECTO			ACTUAL MB 2 av	CHIEF MEDICAL EXAMINER	DATE SIGNED
Le the bould be lessign	4		EXAMINER'S M.B. DAVI	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	5/Y1/J9=
execute 4 shoul		_	Burial (Specify)  Burial (Specify)  Burial (May 23, 1959)  Funeral director's signature	22c. NAME OF CEMETERY OR CREMATORY 22d. NAME OF CEM	A. I
5M 2/57			Leonard J. Ruck, Inc, 5	305 Harford Rd. DATMAY 25 159	Diller & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 10/57

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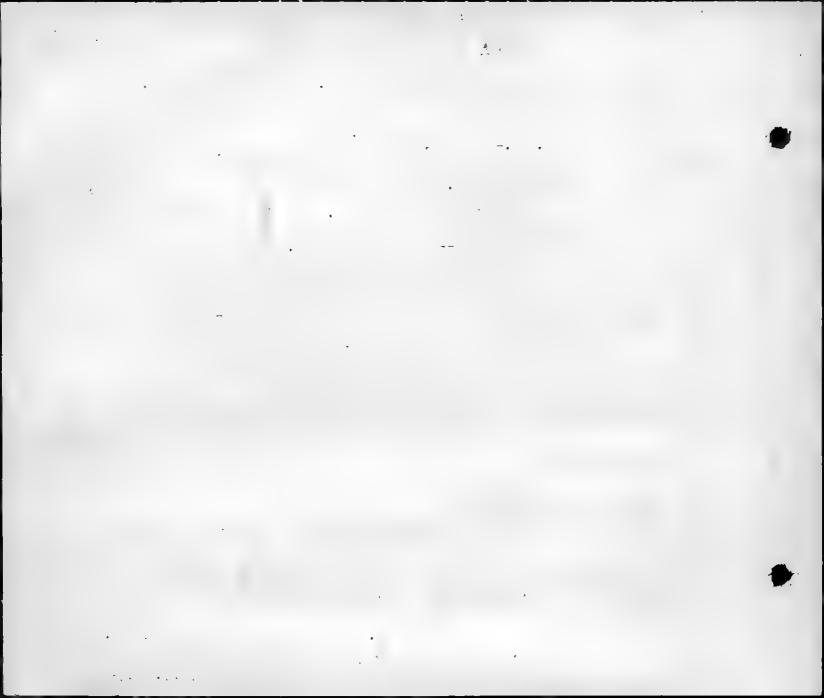
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5365 CERTIFICATE OF DEATH

Reg. Dist. No. (1535()

1. PLACE OF DEATH 6. COUNTY Bal	timore	MARYLAND	2. USUAL RESIDENCE (Who a. STATE	ere deceased li	A COUNTY	Residence befo	re admission)
RURAL and give ne	·	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside carparati	e limits, write RU	RAL and give ne	arest town)
d NAME OF HOSPIT. OR INSTITUTION Katherine R	AL (If not in haspital, give street obb Nurs. Ho.~)	oddreshr Liberty Essex Rd.	Rdd. STREET ADDRESS	mell D	rive		e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First MARTAN	Middle G. SC	tost ARBOROUGH	4. DATE OF DEATH	Month	De	
5. SEX	A 4444 544 944 1	RIED NEVER MARRIED	8 DATE OF BIRTH	9	AGE tiln years II		IF UNDER 24 IHRS
female	white wipow		Sept. 2, 187	71	AGE (In years It last birthday)	Months Days	Hours Min
100 USUAL OCCUPATION during most of work Homemaker	N (Give kind of work done 10bing life, even if retired)	KIND OF BUSINESS OR INDU		_		12. CITIZEN C	OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME		1	
Israel Grif	fith		Coller Dies	-1-			
15 WAS DECEASED EVEN		SOCIAL SECURITY NO 17.	Sally Blac	JK	Addre	15	
	If yes, give wor or dates of service)	none M	ma Carrhenida C	1	0/10 0		
IB CAUSE OF DEA	TH [Enter only one couse per li		rs. Gertrude S	sayman -	- 2647 P		Drive ERVAL BETWEEN
Conditions, if or gove rise to it couse (a), stoling lying couse last.  PART II. OTH	ER SIGNIFICANT CONDITIONS  SUNDERLYING FT   206, DES	Bronchiel  CONTRIBUTING TO PEATH BUT  Alley  CRIBE HOW INJURY OCCURRI	felenn	-		N	SET AND DEATH  Syn  P WAS AUTOPSY PERFORMED? YES NO NO
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	100		1			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d. I While of war	Not while fo	ACE OF INJURY (Home, form, clary, street, office bidg., etc.		town)	(County)	(Stote)
21. I certify the alive an	Land L. Cham			AN, from the Appress (Street	he couses on		the deceased the stated above.  DATE SIGNED  5 - / 9 - 5
220 BURIAL, CREMATION	22b DATE THEREOF	22c. NAME OF CEMETERY O		224 10CATIO	N (City, town, or		15444
REMOVAL (Specify)	5/21/50	Lorraine Cer		220. LOCATIO	Woodla	21.0	(Stote)
23 PUNERAL DIRECTOR'S	1,71,42,37	ADDRESS	240. REC'D	BY REGISTRAL		RAR'S SIGNATUI	RE
Man. Y.	Lickner	Vyous - W	Zallel Z DATAMAY	21 '59		49 S. Krau	
	/		rough				



1	d			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ا مین ا	7		-	5366 CERTIFICATE OF DEATH  Reg. Dist. No. (15351)
i director, filed with	(	N	10	PLACE OF DEATH  d. COUNTY  Balto, MARYLAND  2. USUAL RESIDENCE [Where deceased lived If institution: Residence before admission]  o. STATE  M. L. Balto.
funeral				b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fawn)  RURAL and give nearest fawn)  A N a 1 1 5 0 mm.  Rural and give nearest fawn)
tra arter transfer		X.		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS OR INSTITUTION  d. STREET ADDRESS ON A FARM? YES \( \) NO \( \)
n 24 no Filled in Jes 1 on				NAME OF DECEASED (Type or print)  Fred.  Middle  Lost Schemm.  4. DATE OF OF DEATH May 13 19 59.
pletely ers. Pag			L	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In your IF UNDER 1 YEAR IF UNDER 24 HRS. logs birthday) Months Days Hours Min.
and cam ban pape	S. Princeron			2. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (Stole or foreign country)  Turner.  12. CITIZEN OF WHAT COUNTRY  V. S. A.
physician o	I			FATHER'S NAME Could the there's MAIDEN MAKE COURT RENDERLY
arn cerrim nding phy sase removin 72 hou			15.  Ye	WAS DECEASED EVER IN. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT A. no. or unknown] (11 757 give war or dates of service)  The The This alice to Schemon 3.3270 ffutted
attend to please to vibic				IB. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o).  Ventricular  Fibrills Tich
igned by the permit. The				Canditions, if any, which gove rise to immediate couse (a), stating the under-
hysician hysician been s I-transil val, and		^	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
nding plicate has he buria ar rema			CERTIFICA	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCUSED (Enter noture of injury in Port I or Port II of item 18.)  YES NO STEP NO STEP MEDICAL EXAMINER;  VES NO STEP NO
ol or offer his certif use as t emation,			MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a, m. 19 While of work of the work o
hospite: After t ched far urial, cr				21. I certify that I attended the deceased from Feb., 1959, to Mey 3 1959, that I last saw the deceased alive an May 15, 1959, and that death accurred at 8 PM, from the causes and an the date stated above.
F TOR De deta ior to b		İ		ACTUAL SIGNATURE M.D. Seller M
RAL should strar pr		1		PHYSICIAN'S Morton J. Ellin. Randollstonn, Md. /13/57
may be o FUNE			يد	BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Levelal 5-16, 1959 Ret. Olive Ackellation.
VS A15 (4) 15M 10/57			<sup>23</sup> ,	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE  DATE  ATTEMPT DATE  ADDRESS  DATE  ADDRESS



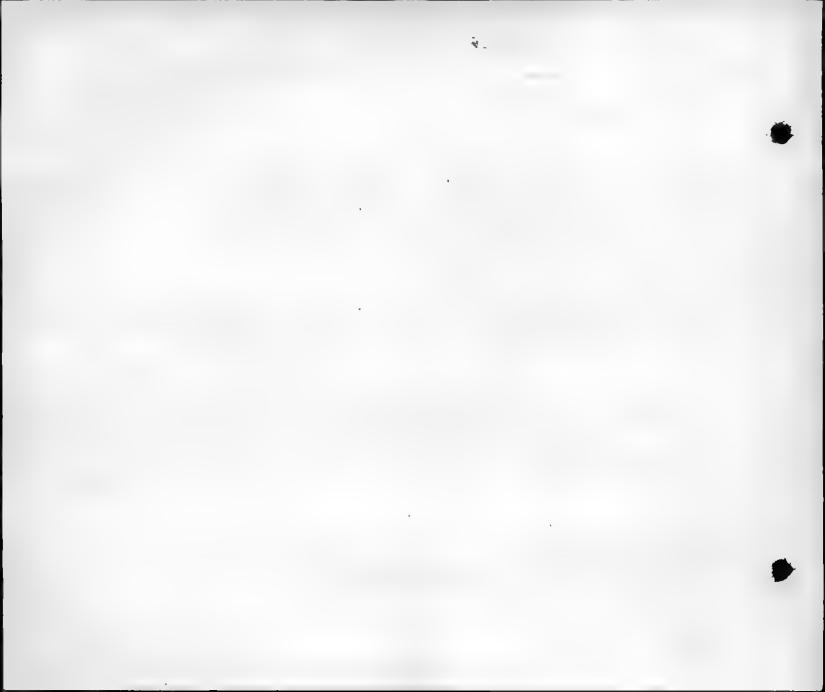
Reg. Dist. No.

1										
I	PLACE OF DEATH a. COUNTY	Baltimore	MARY	AND	2. USUAL RESIDENCE (WI	_	b. COUNTY		efore adm ssion)	
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Loch Raven Village  C LENGTH OF STAY IN 1b  C CITY OR TOWN (if outs de carporate limits, write RURAL and give nearest town)  Loch Raven Village								nearest tawn)	
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION 8164 Loch Ray		· · · · · · · · · · · · · · · · · · ·		Loch Raven Village  d STREET ADDRESS  8164 Loch Raven Blvd.			A	e. IS RESIDENCE ON A FARM? YES NO X	
3	NAME OF	First	Middle		Lost	4 DATE	Mon		Day Year	
	DECEASED (Type or print)	GEORGE	17 e		MIDT	OF DEATH	May		14, 19 59	
Ι,	sex Male		MARRIED NEVER MARRIE		October 7. 1		AGE (In years last birthday) 75 yrs	Months Doy	AR IF JNDER 24 HRS	
10	a. USUAL OCCUPATIO		106 KIND OF BUSINESS OF	RINDUS				12 CITIZEN	OF WHAT COUNTRY?	
V.	Shipping c	Lerk-Retired			Maryland				U.S.A.	
13	FATHER'S NAME	0-1			14. MOTHER'S MAIDEN I					
Ļ		Schmidt			Louise E	ngel				
	(es, no, or unknown)	R IN U. S. ARMED FORCE (If yes, give war or dates of servi			IFORMANT	~ ~ ~ ~ .	Add		-	
=	No.	The Co.	P		s. Margaret	Semment	8164 L	the state of the s		
	18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY  ONSET AND DEATH  ONSET AND DEATH									
	422.1	IMMEDIATE CAUSE (o)								
		Conditions, if any, which) (b) Profile File File File File File File File F								
	couse (o), stating the under DUE TO PARTER ATTEMPT PER C-U PREPERSON									
2	Part II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY									
CATION	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORMED.  Sexuels E.g. No.									
CERTIF	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of in ury in Part I or Part II of item 18 ) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Doy Year 19	20d INJURY OCCURRED While Not white at work at work	20e PLA foc	ACE OF INJURY (Hame farm tary, street, office bldg. etc	20f (City ar	ławn)	(Coun	ity) (Store)	
	21. I certify that I attended the deceased from Thankle, 1927, to Michael 195 that I last saw the deceased									
	alive an 1/1	24:418	, 19_24, and that	death	occurred at	M, fram the	causes án	id an the do		
	ACTUAL AC									
	SIGNATURE 100 STATE STAT									
	PHYSICIAN'S NAME (Type)	Moure	1.15ye11	4	15	The li	- / (	o the		
Ι.	REMOVAL (Specify)	1	220 THAME OF CEME	- A -		22d. LOCATION			(State)	
-	Burial FUNERAL DIRECTOR	May 16, 19	59 Parkwoo	d Ce		D BY REGISTRAL	rille, I	IId. STRAR'S SIGNA	TUDE	
20			4210 Belair Ros	ad.		WAY 1 9 '5!				
				-	, JUAIE	ב הוואש (ב	7 (	William &	Trans	

may be retained by the hospital or oftending physician.

TO FUNERAL DirectOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours TO HOSPITAL OF VS A1S (4) 15M 9/5B

death. Page 4



death. Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



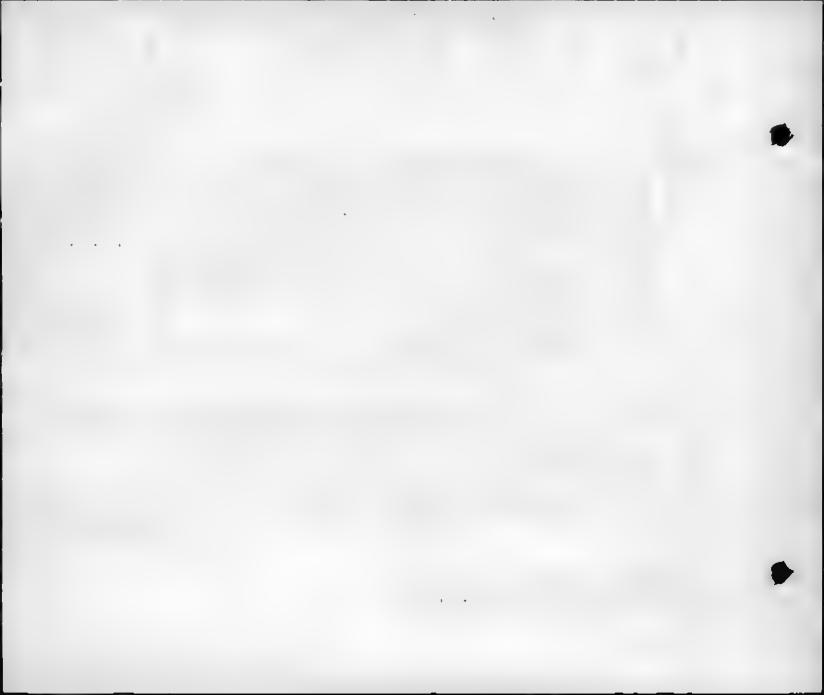
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103M 4 x 1, 2-1 7-20-17 60	MARYLAND S	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
		Sam 4 will bed Dezvely et	
5369 CERTIFICATE OF DEATH	5369	CERTIFICATE OF DEATH	

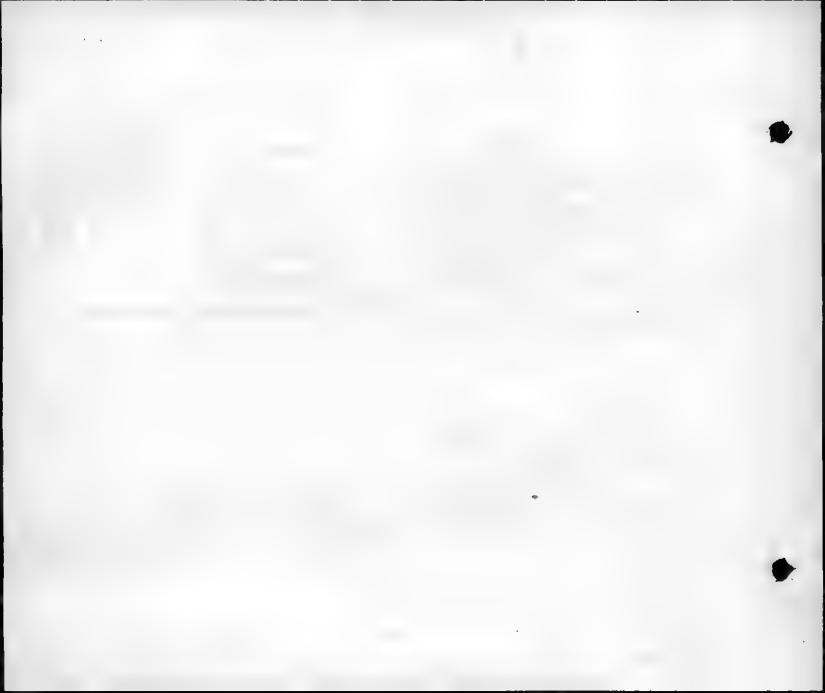
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									Reg. Dist	1. 140.	
	PLACE OF DEATH	Baltin	o re	MARYLA	- 11	USUAL RESIDENCE (V	Vhere decease Land	ed lived If institu b. COUN		e before odm ssid	onj
	b CITY OR TOWN (IF RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY IN	116	C CITY OR TOWN (IF	RURAL ond gr	give nearest fown)			
	Catchsville 17yr3mi					Battimore 3vo/.:4					
	d. NAME OF HOSPITA	AL (If not in haspital, g	ive street	oddress)		d. STREET ADDRESS				e. 15 RESTI	DENCE
SE	PRING GROV	E STATE	HOSP	ITAL		5005 Hole	der Av	enu <b>e</b>		YES 🗍	
3.	NAME OF DECEASED (Type or print)	Fire Emma	sP	Middle		Schurr	4. DATE OF DEATH		onth 1	/	9 59
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	[X] 8. I	OATE OF BIRTH		9. AGE (In year	IF UNDER I	YEAR IF UNDER	
f	emale	white	WOOW			an. 20, 18	65	lost birthdoy	Months (	Days Hours	Min
100	during most of work housek	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR			le or foreign		12. CITIZ	S. A.	COUNTRY
13.	FATHER'S NAME					4. MOTHER'S MAIDEN	NAME	-			
	Christian	Ludwig Sch	urr			L	ouise	Ripperge	r		
15		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 INFO				ddress		
Ľ	unknown	is bay than man or drive at a		Unknown	Re	cords: SP	RING	GROVE 3	STAE I	HOSZITAI	j
7	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Peritonitis  Conditions, if any, which gove rise 1a immediate cause (o), stating the under lying couse lost.  (b)  DUE TO  (c)								2 days	B S	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR Arteriosclerotic cardiovascular disease									PERFOR	RMED?
	OR CONTRIBUTING	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	20b DES	CRIBE HOW INJURY OCC	URRED (	Enter nature of injury is	n Part I or Pa	rt    of item 18.)			
MEDICAL	Hour o.m. p.m.	' Month, Doy, Yes	While of war	Not while	Factor	OF INJURY (Home, for r, street, office bldg., e	tc.)		_	ounty)	(Stote)
	21. I certify that I attended the deceased from April 10 19.59, to May 13 19.59, that I last saw the deceased alive an May 13 19.59 and that death occurred at 1:15a M. from the causes and an the date stated above ADDRESS (Street, city or fown, state) DATE SIGNED SIGNATURE SIGNATURE STATE HOSPITAL 5-13-59  PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. Catonsville 28, Meryland										
	BURIAL CREMATION REMOVAL (Specify)	2/1-3/	59	22c. NAME OF CEMETE	RY OR C	PEMATORY	22d. LOCA	ATION (GIY, town	or-county)	(Stote)	
23.	FUNERAL DIRECTOR'S	SIGNATURE /	5 *	ADDRESS	26.	1//	C'D BY REGIS		GISTRAR'S SIGI		



death. Page

that the death certificate be



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

15M 9/5B

Manak INTERVAL BETWEEN ONSET AND DEATH - 1/2 ts PERFORMED? YES NO F (Caunty) (State) 19420, 1953 that I last saw the deceased ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, ar caunty) (State) 245. REGISTRAR'S SIGNATURE arthur & House

e. IS RESIDENCE ON A FARM?

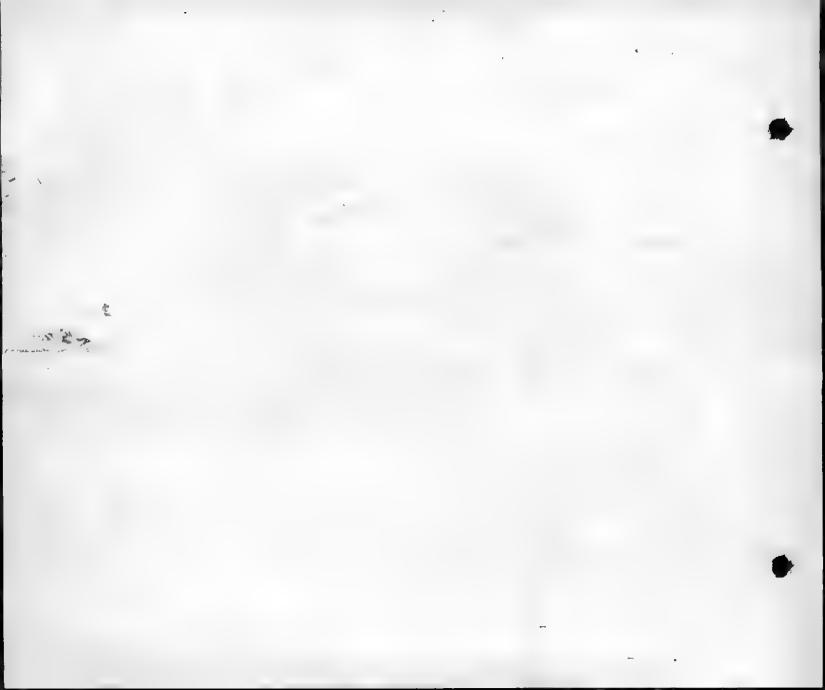
YES NO TO

Year

19

12 CITIZEN OF WHAT COUNTRY?

Fimerica



may be reto

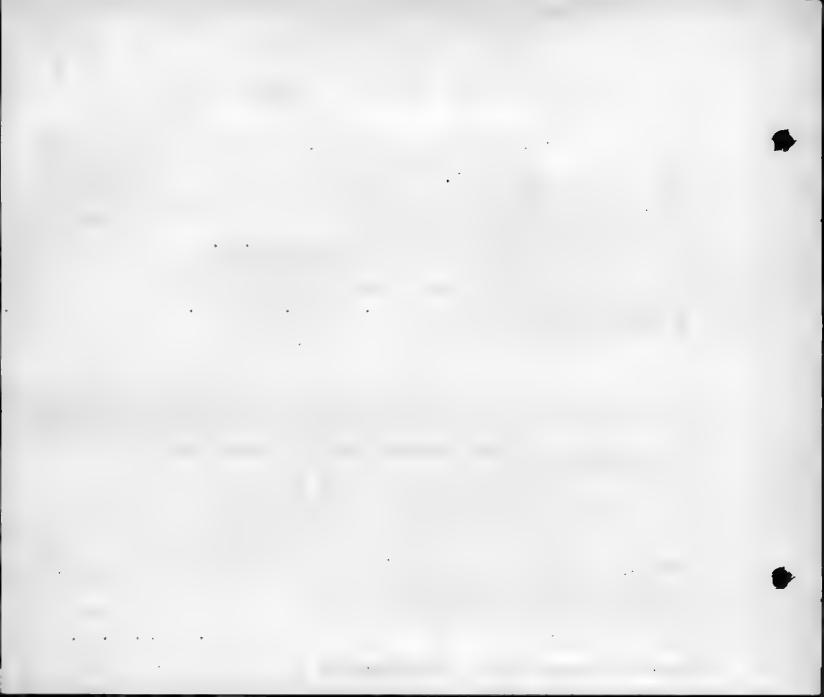
VS A1S (4) 1SM 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 E 274

CERTIFICATE OF BEATLE

L		J	917	CERT	IFIC.	AIE O	r DEATE	1		Reg. D	ist. No.			
1.	PLACE OF DEATH a. COUNTY	Baltimo	re	MAR	YLAND	2. USUAI o STA	RESIDENCE (WH Marylan		l lived If instituti b. COUNTY		nce befo		sion)	
	b. CITY OR TOWN (III RURAL and give no Midd	outside corporate limi arest town) ile River	ts, write	c. LENGTH OF STAY	IN 1b	c. CIT	OR TOWN (IF o	utside corpor	rote limits, write R	URAL ond	give nee	arest fow	n)	
	OR INSTITUTION	At (If not in hospital, o Hall Nursi		•		d. STR	Rt. 14	Box 62	0 Edward	ls Rd			FARM?	
3.	lost hirthdoyl March 1									3	/	Yeor 1959		
5.	Male	6. COLOR OR RACE White	7. MARE		_	B DATE OF		Į.	9 AGE (In years lost birthdoy) yrs.		Doys	IF UND Hours	ER 24 HRS Min	
10	b. USUAL OCCUPATIO during most of working Labor 6	ing lite, even it retired	done 10b.	RIND OF BUSINESS O	OR INDU	STRY 11. BI	Carroll			12 CI	TIZEN O		COUNTRY	
13	. FATHER'S NAME					14. MOT	HER'S MAIDEN N	AME						
L	Unkr	nown Unkno	wn				Unkn	own U	Inknown					
15	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dotes of s	CES? 16.	Social Security No None		S. Mi		Edward	Addi		620	Edw	ards	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]							TWEEN							
1		TH WAS CAUSED BY: IMMEDIATE CAUSE (o		C.	·	Oldan	- Qu						DEATH	
П	1120.1	DUE TO			^			men.		<u> </u>	9.7	immes 10(		
	Canditions, if on gove rise to in	nmediale	a	ein od	lew	Tie c	audio	Lase	when De	ral de mod	- /	15 yr		
7	lying cause lost	) (c	)	Hener	0	ante	ud oc	Coron	347					
CERTIFICATION	PART II OIM	ER SIGNIFICANT CON							CONDITION GIV	EN IN PAI	RT I(o) 1	PERFC	AUTOPSY PRMED?	
		CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D (Enter no	ure of injury in P	art I or Part	II of item 18.)					
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	20d. It While at worl	NJURY OCCURRED Not while	20e. PL fa	ACE OF INJ clory, street,	URY (Home, form, office bldg., etc.	20f. (City	or town)	Ï	County)		(Stote)	
	21. I certify the	at I attended the	decease	ed from	(au	, 19	58, to M	au -	19.5%	that I	last so	w the	decease	
	alive on	(a. 3	, 19	27, and that	death		_ 4 / 2 /		the couses a					
		300	0			7			eet, city or town,			D	TE SIGNE	
	ACTUAL SIGNATURE	elus	1k2	no-nety	1	M.D. 24	080B	REMS	(2)			5/5	759.	
200	PHYSICIAN'S NAME (Type)	ous Se	ME				30471	Marse	- 20,	177				
22	o Burial, Cremation REMOVAL (Specify) Eurial	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	59	22c NAME OF CEM			RY		ION (City, town, o		~	(Star	e)	
23	FUNERAL D RECTOR'S	/	77	ADDRESS	etno	alst	DA PERIO	Falls		lto.				
1	analus.	Z	There	o 94m	Rol	Di A	DATE MA	BY REGISTI		اد السالة اد السالة				



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ŀ	F	О А	R LT	S'
Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is pecessary, please	the titicate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the fune, director. Page	the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retain.	(AL DIRECTOR: Page 3 should be used as a burial-transis permit. File pages 1 and 2 with the State Board of Leadth, T &	ssignated agent, prior to burial, cremation, or remayol, and in any event within 72 hours after death.
MEDICAL EXA	a ficate, wr	warded to	L DIRECTOR: P	gnated agent,
>-	all's	7	Z	V1

TO DEPUTY
execute 15
4 shauld
TO FUNERA VS. A15ME BM 2/57

F. PLACE OF D	ATH			2 USUAL RESIDENCE	Where deceased lived.	If institution, Residence	e before admiss an)
o. COUNTY	Baltimore		MARYLAND	o. STATE Mary]	and t	. COUNTY Bal	timore
b. CITY OR T	DWN (1 autode carporare himits)		LENGTH OF STAY IN 16		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	nils, write RURAL and g	ive neorest town)
	ong Beach (2	(0)		X Long	Beach (20	0)	
d. NAME OF	HOSPITAL OR INSTITUTION	(It not in hospita	l, give street oddress)	de STREET ADDRESS			Te. IS RESIDEN
Bo	212 Rt . #	15		Box 2	212 Rt. /	15	YES NO
NAME OF		First	Middle	Last	4. DATE OF	Month	Doy Yeor
{Type or prin			INK			may 14,	1959
. SEX	6. COLOR OR RAC	F 7. MARRIED [	NEVER MARRIED	8. DATE OF SIRTH	9. AGE fort bir	All all and a second	EAR IF UNDER 24
Lale	White	WIDOWED [	DIVORCED [	May 10, 1890		yrs Months Do	ys Hours Min.
Oa. USUAL OC	UPATION (Give kind of working life, even if refire	rk done 10b. KIND	OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZE	N OF WHAT COUN
	dyman	,	General	Russia	ì.	U.	S.A.
3. FATHER'S N				14. MOTHER'S MAIDEN			_
	Jacob Sink			Rosie	2		
5. WAS DECE	SED EVER IN U. S. ARMED	FORCES? 16. SOC	HAL SECURITY NO 17.	INFORMANT		Address	
Yes	W#1		-26-7861 F	ort Howard Ve	t. Hospit	al	
	OF DEATH [Enter only one			7	<del>-</del> 1	7	INTERVAL BETWEEN
PAR	I. DEATH WAS CAUSED BY	1000	madea	1000 V.	C 1 de		DIVSET AND DEATH
14.20	IMMEDIATE CAUSE		Trucky,	unan.	37.		as.
1 1	If you wasted a						
	, ii ciny, waich i	(6)					
gove rise	immediate couse						
(o), stotin	immediate couse DUE T						
(o), statin	the underlying DUE T	(c)	PIBLING TO DEATH BUT	NOT BELATED TO THE TERM	INAL DISEASE CONDU	TION CIVEN IN PART	CANAGA ALIXO
(o), statin couse fost	immediate couse DUE T	(c)	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDI	TION GIVEN IN PART I	PERFORMED
(o), statin couse fost PAR	immediate couse DUE T	(c)ONDITIONS CONTE				· <u></u>	PERFORMED
(o), stotin couse fost	the underlying DUE 1	(c)ONDITIONS CONTE		NOT RELATED TO THE TERM		· <u></u>	PERFORMED
(e), stotin couse fost PAR PAR 200. EXTER PRIMARY L CAUSE OF	II. OTHER SIGNIFICANT CO	CONDITIONS CONTI	DW INJURY OCCURRED (	Enter noture of injury in Por	t for Part (Lof Hern )	8)	PERFORMED
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[0], stotin couse for particular	III. OTHER SIGNIFICANT CO	20b DESCRIBE HO 20b DESCRIBE HO 20d INJU While 19 at work [ 19 ge of the rem Natural cau Callu	OW INJURY OCCURRED (  ORY OCCURRED 20e PL/  Not while at work   Loins described obe	Enter noture of injury in Por ICE OF INJURY (Home, forn tory, street, office bidg., etc. Dive, held an Autops Dive, held an Autops Dive, held an Autops Dive, held an Autops Autops M.D. CHIEF MEDICAL EXAMPLE ASSISTANT MEDICAL	22d. IOCATION (City or town)	(County on , Inquiry Undetermined mo	PERFORMED VES NO  (SIN
200. EXTER PRIMARY L CAUSE OF POPINION ACTUAL SIGNATUR EXAMINER NAME (Ty)	II. OTHER SIGNIFICANT CO  III. OTHER SIGNIFICANT	20b DESCRIBE HO 20b DESCRIBE HO 20d INJU While 19 at work [ 19 ge of the rem Natural cau Callu	INV OCCURRED (100 PL)  Not white of work obcorribed obc	Enter noture of injury in Por  ACE OF INJURY (Home, forn lory, street, office bidg., etc  Dive, held an Autops	20f. (City or town)  y, Inspectification in the community in the comm	(County on , Inquiry Undetermined mo	PERFORMED NO (SIND NO ) (SIND NO
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5373 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

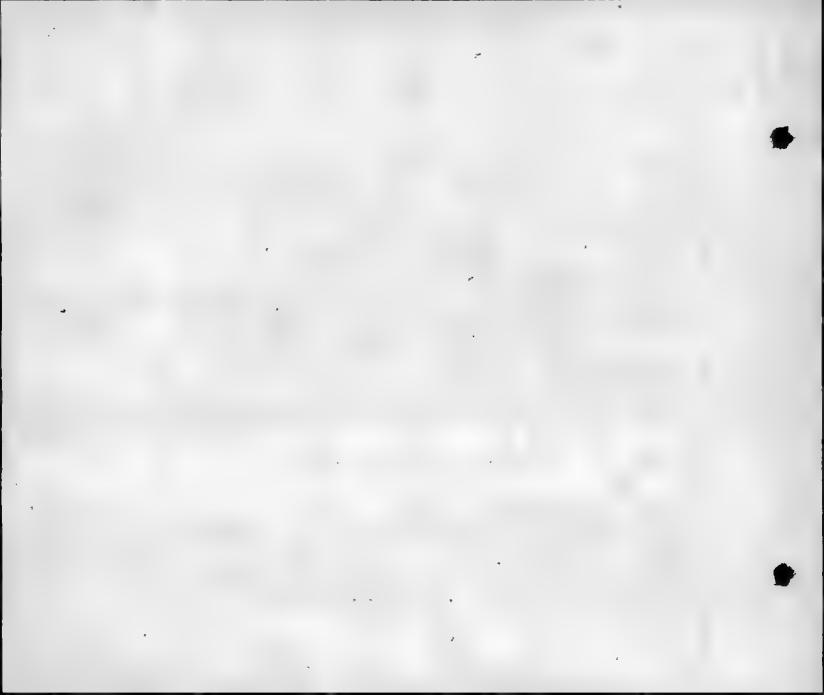
05359

Reg. Dist. No.

							Aug out		
1, PLACE OF I				2. USUAL RESIDENCE (	where decess		Tion: Residence Y Baltin		nission)
1 6171 00	Baltimore		MARYLANI	Flair					
and mys.	TOWN (If outs de corporate limits, wri		c. LENGTH OF STAY IN 16				•	e negresi i	own)
Cati	onsville Hand	or	?	onto:	nsvil	le Mano	r		
d. NAME O	F HOSPITAL OR INSTITUTION	If not in hos	pital, give street address)	d. STREET ADDRESS					RESIDENCE
<u></u>	5906 Cecil A	venue		590	6 Ceci.	Avenue			
3. NAME OF DECEASED	Fil	rst	Middle	Lost	4. DATE OF	Manth			Year
(Type or pri	nt) EA	RL	KANE	SMITH	DEATH	May	18	3	19 59
5. SEX			D NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER TYE	AR IF UND	DER 24 HRS.
Male		WIDOWE		3/18/15		lost berthday)	Months Days	Haun	Min.
				1 - 1	- au familia a	the same of the sa	12. CITIZEN	OF WHAT	COUNTRY
	CCUPATION (Give kind of work of working life, even if retired)			istice the divinicated folds	a di Tareidii di	pontry	IZ. CITIZEN	OF WINA	COUNTRI
Se.		F	etired	Kane Pa	3. a			USA	
13. FATHER'S				14. MOTHER'S MAIDEN	NAME				
W1.	lliam Smith			May Jac	ckson				
15. WAS DECE	ASED EVER IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT		Address			
(Yes, no. or Linkner	(m)	21	5-34-1337	Irs. Ruth E	• Smit	h 5906	Cecil	Ave	. 28
	OF DEATH [Enter only one co		for (a), (b), and (c).]				14	TERVAL BETW	VEEN
PAI	IT I. DEATH WAS CAUSED BY:	Mas	sive third de	gree body bur	nia			MOEI AND DE	AIR
41	,		DE / U UI-DE W UV	Eace soul sur					
	. 15 111 \								
	ns, if any, which (b)	<u> </u>						<u> </u>	
(a), stali	ng the underlying DUETO								
covee las	- 10								
ZOO. EXTER PRIMARY	IT II. OTHER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART 1(0	19. WAS	AUTOPSY ORMED?
[ ]								YES 🗍	NO T
20a. EXTER	NAL CAUSE WAS 20	b. DESCRIBI	HOW INJURY OCCURRED.	(Enter nature of injury in Pa	rt I or Part II -	of item 18.)	_	1	
PRIMARY	ar CONTRIBUTING DEATH.		tion of cloth			,			
	OF INJURY Month, Day, Ye					ar love)	(County)		(State)
Havr	362050 = /2.0 =	While		ACE OF INJURY (Home, fan ictary, street, affice bldg., etc	ia)	or rown;			
	) p. m. 5/10 19		rk at work	Home			Baltim	ore	Md.
21. I ce	rtify that I toak charge	of the r	emains described ab	ove, held an Autap	sy 🔲, 🛮 In	spection 🔀,	Inquiry [	, and	find that
death r	esulted from: Natural	couses [	], Accident 🔀, Si	uicide 🔲, Homicid	e ∏, Ur	determined c	ause 🗍.		
	0/1	_			_				
ACTUAL	1 ( ) harle	0	ette	M.D. CHIEF MEDICAL E	XAMINER []			DATE	SIGNED
SIGNATU	· Color		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ASSISTANT MEDIC		125		5/18	/59
EXAMINE NAME (T)		Charl	es 8. Petty,			-		, , ,	
220. BURIAL, C	REMATION, 226. DATE THEREO		22c. NAME OF CEMETERY O			ION (City, town, o	or county)	(Sta	(te)
Eur:	(Specify)	50	St. Mary's		1		* * *	altin	T .
	DIRECTOR'S SIGNATURE		ADDRESS S		D BY REGISTI	04	STRAR'S SIGNAT		
Johr	T. Stansbur	cy 64	11 Windsor	Hill Rd DATE	MAY 21	'59	Irilan &		
		6.		A T T T DATE					

VS. A15ME(5) 5M 9/55

ar remayal.



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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5374 CERTIFICATE OF DEATH

05360

- J.,	0017	Reg. Dist. No.
	I. PLACE OF DEATH g. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o STATE.
	DALTIMORE MARYL	MARYLAND COUNTY BALTIMORE
ı	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  RAS PROPERTY.	11b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RASP BUR C X
	d. NAME OF MOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  BOX 383 X OLD PHIL ADEL PHIA RD YES NO F
	NAME OF DECEASED (Type or print) HOWARD H.	SMITH 4. DATE Month Day Year DEATH MAY 1898
	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B DATE OF BIRTH  JULY 20 1893  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS)  Months Days Hours Min
	Oa USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)  CEMENT MASUN  BLDG TRAD	ACAD D
ľ	3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
ł	HOWARD H. SMITH	1.DA V. WATTS
	S WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO [Yes no or unknown] [It yes, give wor or dates of services] 3-03-6512	EDMA VISMITH-BOX383 + OLDPHILA. RD.
ſ	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	remone - Paneres Interval Between ONSET AND DEATH
1	157X DUE TO	
1	Conditions, if ony, which (b)	
ı	couse (a), stating the <u>under-</u> lying cause last.    Column   Colu	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO Y
۱	206. ACCIDENT WAS UNDERLYING (1) 206. DESCRIBE HOW INJURY OCCURRY OF CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Haur o. m.  p. m. 19 of work of work	De PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from	Man, 19 1 to Man 14, 195 that I last saw the deceased
ı	alive an 19 , and that d	eath accurred at 3.2 M, from the causes and an the date stated above
	SIGNATURE Kalk Mech Ms	M.D. 11 E. Chase Street Buton,
	PHYSICIAN'S KARL F. MI	ECH, M.D. 5/14/59
	REMOVAL (Specify)  BURIAL  MANY 18-59  22c. NAME OF CEMETI  LOUDAN	PARK BALTO. (Stote)
2	Frenk Evach Bon 900 4. Che	Pate with Date MAY 1 8 159 Orthog & thousa

TO HOSPITAL OR ATTENDING PHYSICIAN; The fow requires that the death certificate be executed within 24 hours moy be retain TO FUNERAL page 3 shou VS A15 (4) 15M 10/57

# FOR STATE HEALTH DEPT.

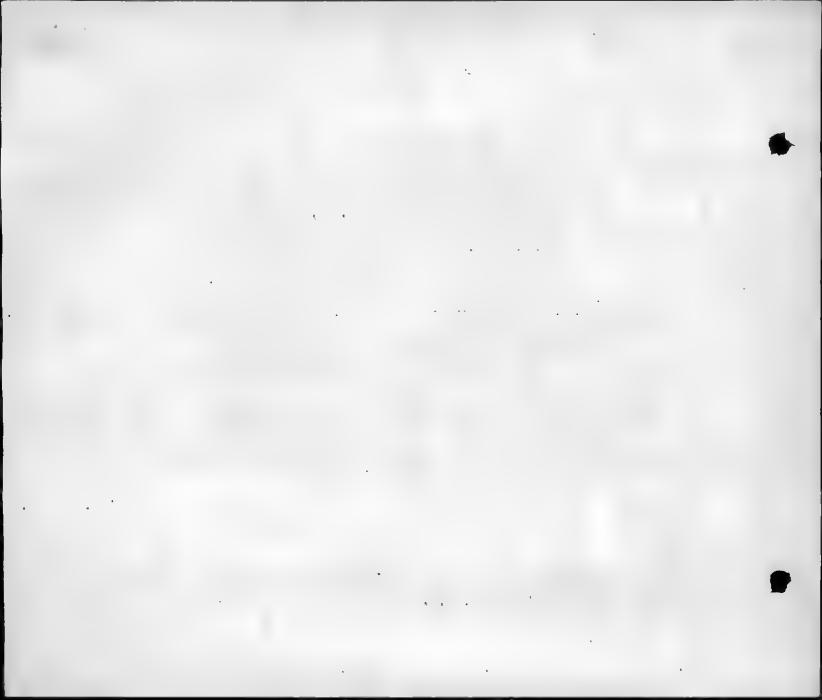
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5375 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg.	Dist.	Not	U	J	V	L

-								1/4/	91, 01111, 1101			
1	. PI	COUNTY DOT	imore			2. USUAL RESIDENCE (V		ived. If Institution: If b. COUNTY	tesidence befor	re admission)		
1					MARYLAND	STATE New Jo				re		
Ж	þ	Ord & He Petres I town)	sulside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
4		Chas	se .			wes to	mont We	st Mount				
ı	d	NAME OF HOSPITA	E OR INSTITUTION (	f not in hosp	pital, give street address)	d STREET ADDRESS		<u></u>		e IS RES DENCE		
		Rura	d			102 Pa	ark Aven	ue		YES NO		
	3, N	AME OF	Fir	11	Middle	Lost	4 DATE	Month	Day	Yeor		
		ECEASED ype or print)	PC	BERT	George	SMITH	OF DEATH	May	12.	19 59		
	3. SE	Y	6. COLOR OR RACE			DATE OF BIRTH	9 /			F UNDER 24 HRS		
- 1	_				_		- le	out birthday) Mont		Hours Min		
.		Male	White	WIDOWED		ec.15, 191		39 yrı [		1 -		
	10a. dt	USUAL OCCUPATIO	N (Give kind of work a life, even if retired)	done 10b. K	IND OF BUSINESS OR INDUST	USTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY						
			rds B.S.I	Rei	m. Rand	Des Moine	s, Iowa	a	USA			
	13. 1	FATHER'S NAME				14 MOTHER'S MAIDEN I	VAME		V	Middle of the Ta		
		Archba	ald Smit	:h		Fran	kie M	. Winte	provd			
ŀ	15.3		R IN U. S ARMED FO		SOCIAL SECURITY NO. 17.	<del></del>	1110 11		110110			
		no, or unknown)	III yes, give wor or dates of	tervice)		INFORMANT Address						
-		Yes	W.W. 13	- 4	83-07-5907	Mrs. Helen	SMILL	102 Par		. West M		
-	- 1	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]										
Н	ч	PART E. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Multiple extreme injuries										
		861X	DUE TO									
- 1	- 1	Conditions, if on	. 12.64									
-1	ı	gove rise to immed	ote cours etoi			· · · · · · · · · · · · · · · · · · ·						
-1		(e), stoling the u	nderlying DUE TO									
	_  -	couse lest.	J (c)									
	ğ	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERM	INAL DISEASE CO	INDITION GIVEN IN	PART 1(o) 19.	WAS AUTOPSY PERFORMED?		
	200								YE	SE NO		
	151	200. EXTERNAL CAU	SE WAS 20	6 DESCRIBE	HOW INJURY OCCURRED (E	nter nature of injury in Par	t Lor Part II of a	tem 18 }				
н	CERTIFI	PRIMARY OX or CON CAUSE OF DEATH.	IIKIBUTING LJ		Airplane	crash						
-1	31	20c. TIME OF INJUR	Y Month, Doy, Yes	20d. I	NIURY OCCURRED 200 PLACE	CE OF INJURY (Home, form	n, i 20f (Cily or t	fown)	(County)	(Stote)		
4	MEDICAL	Hour JONGC		White	Not white facts	ory, street, office bldg etc	11	· ·				
-1	₹ .	5:15 p.m.	5/12 19	~~	<u> </u>	Air over fam		.se	Balto	Md.		
		21. I certify th	at I took charge	of the r	emains described aba	ve, held an <u>Autops</u>	y XI, Insp	ection 🔲, In	quiry 🔲,	and in my		
-1	Н	opinion death )	egulted from: I	Natural c	auses . Accident [	, Suicide ,	Homicide [	, Undetermin	ed manner			
-1	- 1	//	///	2								
- 1		ACTUAL	late his	4/20	oungle	CHIEF MEDICAL E	XAMINER [7]		1	DATE SIGNED		
-1	-1	SIGNATURE	pureus !	UZ.	Graner	ASSISTANT MEDIC	*	1	15/			
		EXAMINER'S	Charles 01	Danna"	17 W D		_		1/12	15-4		
	l	NAME (Type)				DEPUTY MEDICAL						
	220.	BURIAL CREMATION	N, 226 DATE THEREC	)F	22c NAME OF CEMETERY OR	CREMATORY	228 LOCATION	Y (City, town, or cour	nty)	(Stote)		
		Burial	May 16.	1959	Risen Sun (	Demetery	Des M	loines ]	OWA			
	23	FUNERAL DIRECTOR	SIGNATURE	7	ADDRESS	240. REC*	D BY REGISTRAR					
	H	. Sander	& Sons.	Inc.	Baltimore,	Md. DATE	1 4 E 150	0 11	04			
							NY 1 5 '59	- Culling	A. Preside			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the Millians writing the ward "pending" in penal in 18m. Give Pages 1, 2, and 3 to the funer director. Page 4 should be warded to the Chief Medical Examiner of Office along with form PM3. Page 5 may be retain for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to beriol, cremation, or remavel. The file pages 1 hours offer death. VS A15ME 5M 2, 57



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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
	. (	CEDTIEICATE	OF	DEATH	

### CERTIFICATE OF DEATH

		53.	S CERTIFI	<b>U</b> A1.		EAII.	•		Reg. D	ist. No	រូបប	UG
1. PLACE OF DEA o. COUNTY	m Baltimore C	Count	y MARYLAI	- 11	o. STATE	land	ere decease	b. COUNTY	ioni Reside	re befo	re admiss	sion}
b. CITY OR TO	WN (If outside corporate (im live nearest lawn)	uls, write	c. LENGTH OF STAY IN	1ь 🗡	c CITY OR TO	DWN (If o	uls <mark>ide c</mark> arpo	rote limits, write I			arest town	nj
Married World Co., Name of Street, Str	OSPITAL (If not in hospital,		Avenue		d STREET AD		don L	ne				IDENCE FARM?
3. NAME OF DECEASED (Type or print)		ni hie	Middle		Lest Smit	h	4. DATE OF DEATH	Mor Ma	ay	Do	4	Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARI	HED NEVER MARRIED		ate of Birth			9. AGE (In years lost birthday) 94 yrs.	Months Months	R 1 YEAR Doys	Hours	ER 24 HRS. Min.
during most o	PATION (Give kind of work f working life, even if retired ewife	done 10b.	KIND OF BUSINESS OR II	NDUSTRY	-	rman;	-	ountry)	12 C	U.S.		COUNTRY
13. FATHER'S NAM				1.	MOTHER'S	MAIDEN N	AME					
	Michael Hai				Barb	ara		(unknow				
15, WAS DECEASE  Yes, no. or unknown) 11.0	Triple and the state of the sta											
PART I  4 2 2  Candilions, gove rise couse (o), ste lying cause	if any, which lo immediate oring the under-	teul	arte Inter	et -ie	tear sel	f.co	fail é V lecti	ure are a	lis	ONS	ERVAL BE	DEATH
CATIC	OTHER SIGNIFICANT COM								VEN IN PA	RT 1(o) 1	PERFO YES	RMED3
	IT WAS UNDERLYING DITING CAUSE OF DEATH DTIFY MEDICAL EXAMINER)		CRIBE HOW INJURY OCCI									
E Hour e		While	NJURY OCCUBRED- 200  Not while  It of work	PLACE factory	OF INJURY IH	ome, farm, bldg , etc.	20f. (City	or town)		(County)		(State)
21. I certificative on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Frank Kasi	7. Kg	1751	eath oc	a	6 PA	ADDRESS (SI	the causes of the cause of the cause of the causes of the causes of the cause of	and on	the da	te state	deceased ed above ATE SIGNED
220 BURIAL, CREA BUINEMOYAL (Sp			Parlewood					Taylor /			/ (\$lat	•
	CTOR'S SIGNATURE	-	ADDRESS				BY REGIST		STRAR'S S	GNATU	RE	
Vm. Cook-	Blight, Inc.	, 60	19 Harford	Road		DATE	MAY 2 5	'59	arthur	8. 10	Late &	



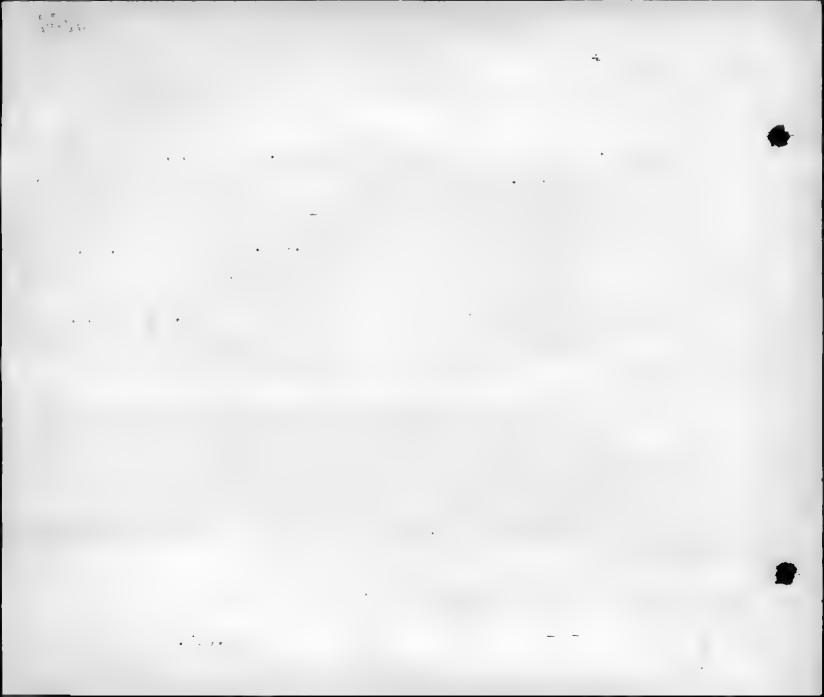


VS A15 (4) 15M 10/57 

MARYLAND ST	ATE DEPARTMENT	OF HEALTH-BALTIMORI	E, 18
5377	CERTIFICATE	OF DEATH	

05363
Reg. Dist. No.

1 PLACE OF DEATH				· II.	LICHAL DECK	SBALCE ALL.		A 17 - 2 16				1 1 1
o. COUNTY			MARYLA	- 11	2. USUAL RESH o STATE	DENCE (Wh	ere decease	d lived. If inst		Residence 1	before ad	mission)
Baltim					Mary	land				Pol-	timor	
b. CITY OR TOWN ( RURAL and give n	(If outside corporate limi learest town)	its, write	c. LENGTH OF STAY IN	16	c. CITY OF 1	o II) NWOI	utside corpo	rote limits, wr	ite RUR	AL and give	negrest 1	own)
Fork			Tife		X Fork		_					
d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, ç	give street	address)		d. STREET A	DDRESS					e. IS	RESIDENCE
Fork R		PO			775-	nle Pd	D-1.		_			NO 🗎
3 NAME OF	Fir		Middle		Los		4. DATE	lwin P.	Month		Day	Yeor
(Type or print)	William						DEATH	May 1	-4		Cuy	19 59
5. SEX	6 COLOR OR RACE	7. MARI	NEVER MARRIED		DATE OF BIRTI	Н		9. AGE (In ye	ears IF		-	NDER 24 HRS
Male	White	WIDOWI	ED DIVORCED [	וכ	May 2h	-1893		/ -/	yrs   N	Aonths Do	yı Ho	irs Min
100. USUAL OCCUPATION	ON (Give kind of work	done 10b	KIND OF BUSINESS OR II	NDUSTR			or foreign c			12. CITIZE	N OF WI	IAT COUNTR
Painter	king life, even if retired		Self employe	d	רבס	to., 1	u-d			77	0 1	
13. FATHER'S NAME			SETT CUIDIONE		14. MOTHER'S					<u> </u>	S.A.	
Henry Sm	ith							_				
	ER IN U. S. ARMED FOR	CEC 14	SOCIAL SECURITY NO.	17 th/6	DRMANT	rte 2	tevens		A # #			
(Yes. no. or unknown)	(II yes, give wor or doles of a		SOCIAL SECORITY NO.	i, mir	J K/MATY I				Address			
Nol			219-03-68131	M	rs Put	h Smid	<u> </u>	onk Ed	. P	aldud r	- P-0	
18. CAUSE OF DE	ATH [Enter only one co	use per lij	ne far (o), (b), and (c)						~			BETWEEN
PART I. DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	. (	ORM	12	RV.	TI	VE	ARI	DY	701	1/ S	NO DEATH
420.1	DUE TO	P	^		1/3	7	<del>V /                                   </del>		- 1	セン	1 0	- Med
Cardistant		de	1 mox Vone	111	15/10	2100	N-11	22.1	5 -		15	SMI
Conditions, if a	mmediate	177	you were	-	- (	uce	e 00	W/N	×	7 .	3	45.
couse (a), sloting			/									1
lying cause lost	) (c							1				
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUTN	T RELATED TO	THE TERM!	NAL DISEAS	E CONDITION	GIYEN	IN PART 1(	b) 19, W.	AS AUTOPSY REORMED?
3	uc	· of	leo cali	to	0							NO I
20a. ACCIDENT WAR	AS UNDERLYING TO CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	JRRED.	Enfer nature of	f injury in P	ort I or Par	t II of item 18.	)			
	RY Month, Day, Ye	201 11	HURY OCCURRED 120	D1 4 C	OF INDUMY	f	Took con					
20c. TIME OF INJUI		While	_ Not while	foctor	OF INJURY (I	nome, rarm. : bldg., etc.)	201 (City	or town)		(Cou	nty)	(State
p. m.	19		k ol work				10					
21. I certify th	attended the	deceas	ed from 3/2/7		1054	10.5	115	19	54.	hat I las	t sout ti	ne deceas
alive on	5715	10,4	I and that de	ath a		738	77-		- 4			
dilve oil	1-2	1	und Indi de	0 1110	ccorred oi,			n the cause treet, city or to			date st	oted above DATE SIGN
ACTUAL SIGNATURE	ford	7.	(/ Hude	12	1/	Ė	01			ILA	,	DATE SIGN
PHYSICIAN'S NAME (Type)	100/17	EE	ORDI		411	DS	01	/	ŧ.			
REMOVAL (Specify)	ON, 276. DATE THEREC		22c. NAME OF CEMETER	Y OR C	REMATORY		22d. LOCA	TION (City, Iav	vn, or c	ounty)	(:	itate)
Burial	<u> </u>	59	Parkwood	Cem	etery		Bal t	o. Md				
23. FUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS		01	24a REC'D	BY REGIST	RAR 24b. R	EGISTR.	AR'S SIGNA	ATURE	
Kassaki	1 Trink 4	77.29	7401 / Selai	10	1.	DATE MA	Y 1 8 '5	9 (	arth	w & H	enced	



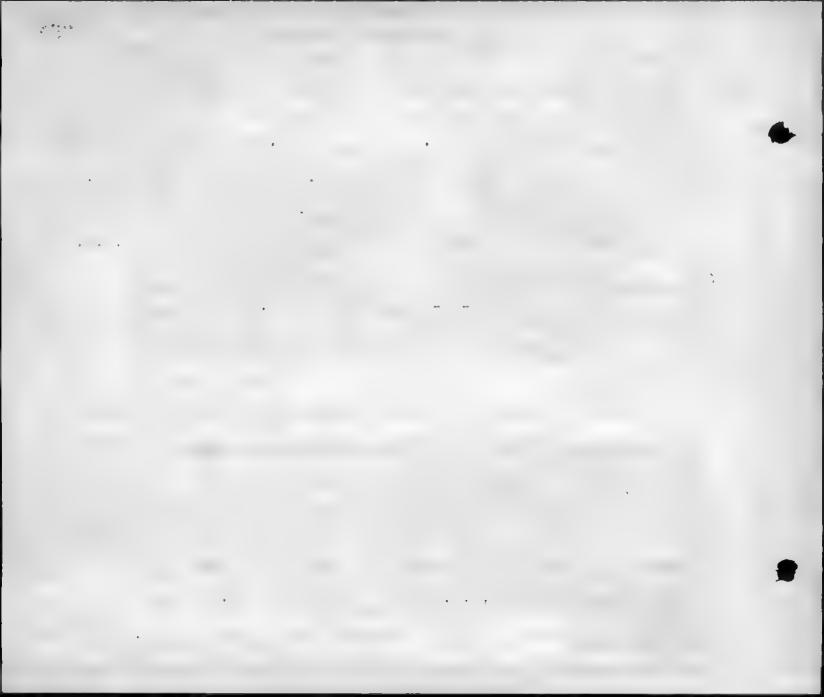
TO HOSPITAL OR

H

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5100 CERTIFICATE OF DEATH

		. 4 6			Keg. Dist. No.					
	1. PLACE OF DEATH e. COUNTY		2. USUAL RESIDENCE (WE	here deceased lived If institution	Residence before admission)					
	Baltimore	MARYLAND	Marylan	d Ba	ltimore					
	b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	45	outside corporate limits, write RU	RAL and give nearest town)					
	Dundalk 22	43 years	Dundalk	55						
	d. NAME OF HOSPITAL (If not in hospitat, give street prints) 1250 South Rorty-Eig	ghth St.	1250 So	.48th Street	o is residence on a farm? Yes \( \) no \( \)					
	3. NAME OF First DECEASED (Type or print) JOHN A	ANDREW SMC	LKO, Sr.	4. DATE Month OF DEATH Ma						
	5. SEX 6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS					
j	male white wipow	ED DIVORCED	July 10,18	90 68 yrs.	Months Days Hours Min.					
	10a. USUAŁ OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY					
ı	Pipe Tester	Steel	Czechosl	ovakia	U.S.A.					
	TS FATHER'S NAME		14. MOTHER'S MAIDEN N							
	Michael Smolko			e Tobis						
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, [If yes, give war or dates of service]		IFORMANT	Addre	11 -					
	no   213-07-7667 Katherine Y. Smolko same									
	1B. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH								
-	IMMEDIATE CAUSE (o)	IMMEDIATE CAUSE (o)								
1	DUE TO									
	Canditians, if any, which (b)									
	couse (e), stating the under-									
	17/	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAI DISEASE CONDITION GIVE	N IN PART ION 19 WAS AUTOPSY					
	CA				PERFORMED? YES NO					
		CRIBE HOW INJURY OCCURRED	). (Enter nature of injury in i	Port 1 or Part II of item 18.)						
I			CE OF INJURY (Home, form fory, street, office bldg., etc.	, 20f. (City or town)	(County) (State)					
ı	Have a. ft. 19 White of war		iory, sireer, orace drog., esc.							
1	21. I certify that I attended the deceas	sed from July	19 55 to.	May 1954	that I last sow the deceased					
	alive on Atkril 12		occurred at 4 A		nd on the date stated above					
Ì	-b. · ·	10		ADDRESS (Street, city or town, st						
	SIGNATURE / HORVES	aness,	A.D. 2900 Du	nran Road						
	PHYSICIAN'S				_					
	NAME (Type) MOPPIS Raines:			re 22, Marylai	nd					
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, or	county) (Stote)					
	Burial 5/25/59	Sacred Hear			Co. Maryland					
	23. FUNERAL DIPECTOR'S SIGNATURE	ADDRESS Dun do 3	U- 00		RAR'S SIGNATURE					
1	Walter Brooks Plan	lu Dunda]	LAL CC DATE MA	Y 2 6 '59 Cont	hur of traces					



TO DEPUTY MEDICAL EXAMINER: This of

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	<del>ار</del>	PM3	έ	
	pencil in Item 18. Give Pages 1, 2, and 3 to the fune.	rith form PM3. Page 5 n	ber	
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	5M	9/	55	

,	A	la t	em 20 Film 245 MEDICAL EXAMINER'S CERTIFICATE OF DEATH U5365
mon,		=	Reg. Dist. No.
	M		PLACE OF DENTRY 1 3
			c. CITY OR TOWN (If Subside corporate limit, write RURAL and give nearest town)
	Х	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  d. STREET ADDRESS  e. IS RESIDENCE!  ON A FARM?
		3.	YES
			DECEASED (Type or print) July Henry Swinden 5-16 1959
		5. :	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED DIVORCED JULEY 16, 1903 15 year. Months Days Hours Min.
,			USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  Owner driver  Orner driver
	I)	13.	FATHER'S NAME Sumuel Snowden Muzze Bezel
-		15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (IT yes, give wor or deless of service) 2/9-22-1-841 Mrs. Umanda More Civergo midles, Bud
			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ### PROPERTY   11   12   12   12   12   12   12   1
			Conditions. if ony, which) to CY/15/10/10 (1/1/20)
			gove rise to immediate couse (a), stoting the underlying couse lost.  (c)
	2	ATTON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED?  YES A NO
	0-	CERTIFIC	200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING TO CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) Truck overturned on Lyons Mill Road
	80° 1	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote)  Hour 200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote)
	* *	*	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and find that
			death resulted from: Notural causes . Accident , Suicide , Hamicide . Undetermined cause .
			ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
remova	d		EXAMINER'S NAME (Type)  ASSISTANT MEDICAL EXAMINER 5 5-17-59
10			BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Specify) May 20, 1959 St. Lukes Cimiling (City, town, or county) (State)
(5)	*	23.	FUNERAL DIRECTOR'S SIGNATURE  JASOP L. RUSS 1222 N. MATTE an. Button DATE  240. REC'DEN SEGISTRAS SIGNATURE  DATE

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0526c

		v	U	U	v

537	79 CERTIFICA	ATE OF DEATH		Reg. Dist. No.
PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who a STATE Maryland	ere deceased lived. If institution b. COUNTY	Residence before admission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Fort Howard	c LENGTH OF STAY IN 16	c CITY OR TOWN (If or	utside corporate limits, write RUI	RAL and give nearest fawnj
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Veterans Administration	'	/ d STREET ADDRESS 7103 Heath	field Road (12	e. IS RESIDENCE ON A FARM? YES NOT
3 NAME OF First DECEASED (Type or print) WARREN	Middle W.	SPEDDEN	4. DATE Month OF DEATH May	Day Year 28 19 59
5. SEX 6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH October 4, 18	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	FUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Jeneral Office Clerk  13. FATHER'S NAME	KIND OF BUSINESS OR INDU	Baltimore,  14. MOTHER'S MAIDEN N	Maryland	U. S. A.
George Spedden  1s WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  1/ (If yet, give wor or date of terrice)  Yes  WW. I		Della Shake	Addres	
18. CAUSE OF DEATH {Enter only one couse per li PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) BRC	ine far (o), (b), and (c}-]	INOMA, RIGHT	UPPER LOBE WITH	INTERVAL BETWEEN
Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b)  DUE TO				
	CONTRIBUTING TO DEATH BUT  SE OF THYROID  SCRIBE HOW INJURY OCCURRE			N IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO [
Ö Haur o. m. While		ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	20f. (City or lawn)	(County) (State)

attending physician and completely filled in please remove carbon papers. Pages 3 death. the registrar priar to burial, crematian, ar be detached for use ECTOR: page 3 should

ofter death" Page 4 uneral director

TO FUNERA

VS A15 (4) 15M 10/57

PHYSICIAN'S DONALD D. MARK, M.D. 720. BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify) 6-1-59

23 FUNERAL DIRECTOR'S SIGNATURE

21. I certify that \*\* attended the deceased from

22c. NAME OF CEMETERY OR CREMATORY

March

22d LOCATION (City, town, or county)

ADDRESS (Street, city or town, stote)

VAH. FORT HOWARD, MARYLAND

VAH, FORT HOWARD, MARYLAND

(State)

Druid Ridge Cemetery Pikesville, Maryland North & Pennsylvania Ave. REC'D BY REGISTRAR Baltimore, Maryland DATE 111N 1 '59 24b. REGISTRAR'S SIGNATURE

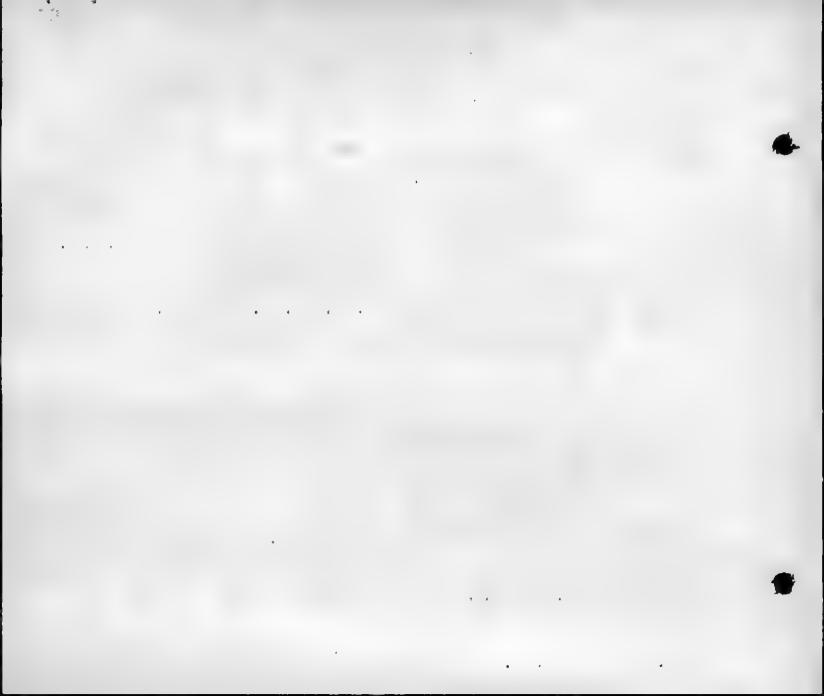
13 159 to May

ANY ANY ANY ANY ANY ANY ANY AND THAT death accurred at 2:30P.M. from the causes and on the date stated above.

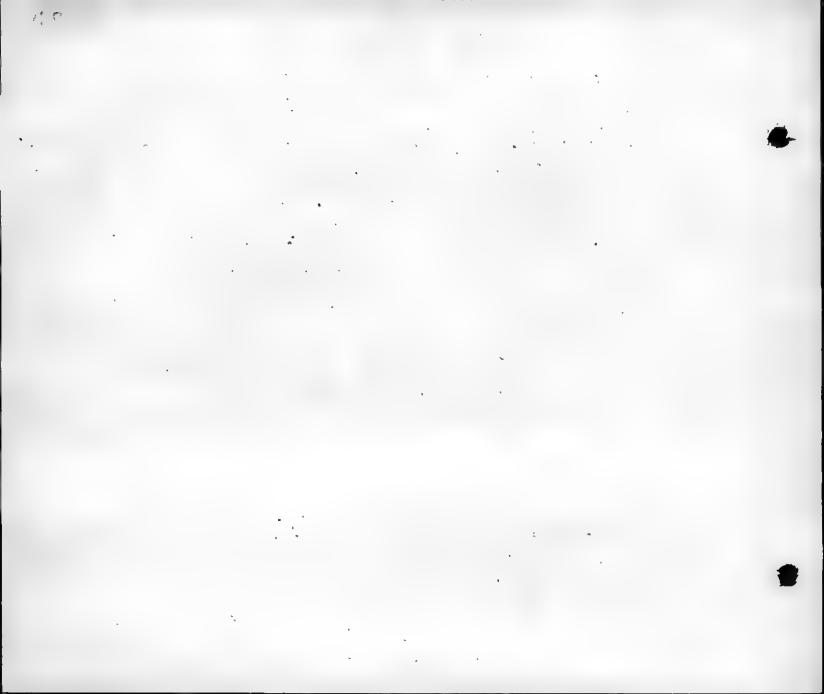
Wm.J.Tickner & Sons, Inc.

DATE JUN 1

Cirthan & Krous



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05368 **CERTIFICATE OF DEATH** Reg. Dist. No. director, iled with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Baltimore b. COUNTY MARYLAND Baltimore Marvland erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown)
Dundalk Dundalk 22 years d. NAME OF HOSPITAL (If not in hospito!, give street oddress)
OR INSTITUTION RITE ROad d STREET ADDRESS ON A FARM? 1715 Rita Road YES NO T NAME OF 4. DATE Middle Lost Month Year DECEASED DEATH 1959 (Type or print) May 1st. CATHERINE RACHEL **FVA SPOHN** 9. AGE (In yeors last birthday) 2 yrs IF UNDER I YEAR IF UNDER 24 HRS 5 SEX 8 DATE OF BIRTH MARRIED NEVER MARRIED Manths Dec.8.1876 white female WIDOWED A DIVORCED T 100. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Pennsylvania USA Housewife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Anna Baxter Jeremiah Shindel IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address W.G. Spohn Same 8.8 no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] INTERVAL BETWEEN KLEROTIC CARDIOVASCULAR
DISEASE ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 20c TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, Day, Year 20d INJURY OCCURRED 20f (City or town) (State) (County) factory, street, office bldg., etc.) o. m. Not while of work 21. I certify that Lattended the deceased fram.... \_\_\_\_that I lost saw the deceased \_\_\_\_, and that death accurred at 1107 M, from the causes and an the date stated above alive an ADDRESS (Street, city or town, slote) DATE SIGNED ACTUAL SIGNATURE Dundalk Avenue PHYSICIAN'S NAME (Type) Baltimore 22, Maryland Baermann M. D BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) REMOVAL (Specify) Millersville Mennonite Millersville.Penna. Buntal DIRECTOR'S SIGNATURE 0

ADDRESS

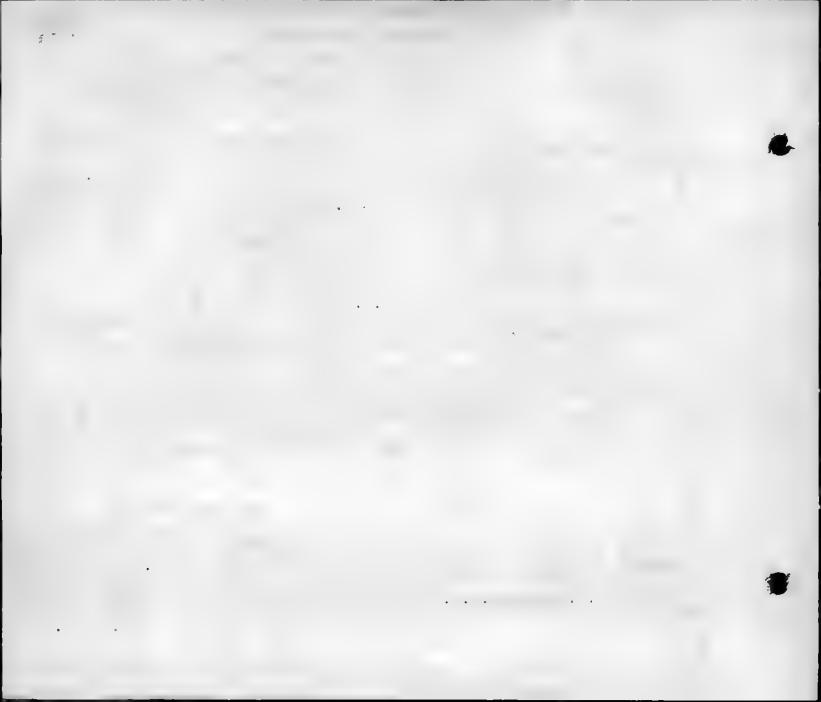
Dundalk 22

24g. REC'D BY REGISTRAR

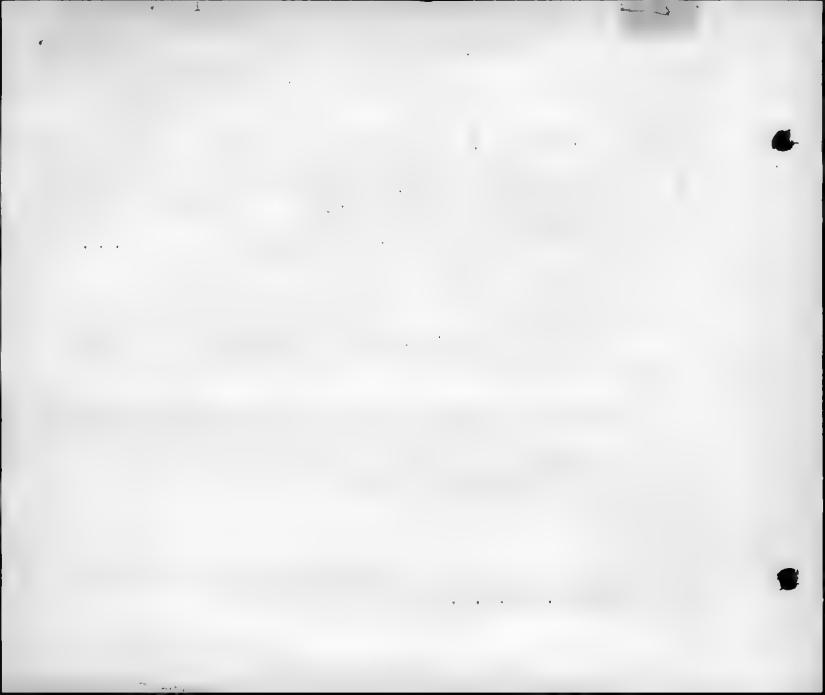
24b. REGISTRAR'S SIGNATURE

arthur & Krous

death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 5387 director, iled with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution. Residence before admission o. COUNTY Filed BALTIMORE **b. COHNTY** MARYLAND MARYLAND alendar b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town), DAYS CUMBERLAND d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ADMINISTRATION HOSPITAL 219 SCHLEY STREET YES NOF puo 2 3. NAME OF Middle 4. DATE Year DECEASED **JAMES** 恶 STAKEM MAY (Type or print) DEATH 1959 10 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1. 8. DATE OF BIRTH 9. AGE (In years last birthdoy)
39 yrs IF UNDER 3 YEAR IF UNDER 24 HRS Days Hours MALE WHITE 9-12-19 WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY during book of working life, even if retired) CHEMICAL COMPANY CUMBERLAND, MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS C. STAKEM ALICE MCPARTLAND 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO 17. INFORMANT Address YES" CLIN REC attending VET ADM HOSP HOWARD MARYLAND 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] LEFT SHOULDER INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY SOFT TISSUE SARCOMA/WITH LUNG METASTASES UNKNOWN IMMEDIATE CAUSE (6) **DUE TO** Canditions, if any, which gave rise to immediate DUE TO couse (a), stoting the underlying couse last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INTURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stole) factory, street, office bldg., etc.! Not while of work of work 21. I certify those oftended the deceased from February 16, 1959, to May 10 1959 (1800) 1959 ECTOR ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE MD. VA HOSPITAL, FORT HOWARD, MARYLAND DONALD D. MARK, M. D. NAME (Type) 220. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page REMOVAL (Specify) 5-14-1959 Burial ST. PETER AND PAUL CEM Cumberland. 10 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Cumberland, Md. DATE MAY 1 4 '59 arthur & Kroug 15M 19/57 SCARPELLY FUNERAL HOME, VIRGINIA AVE., CUMBERLAND, MD.



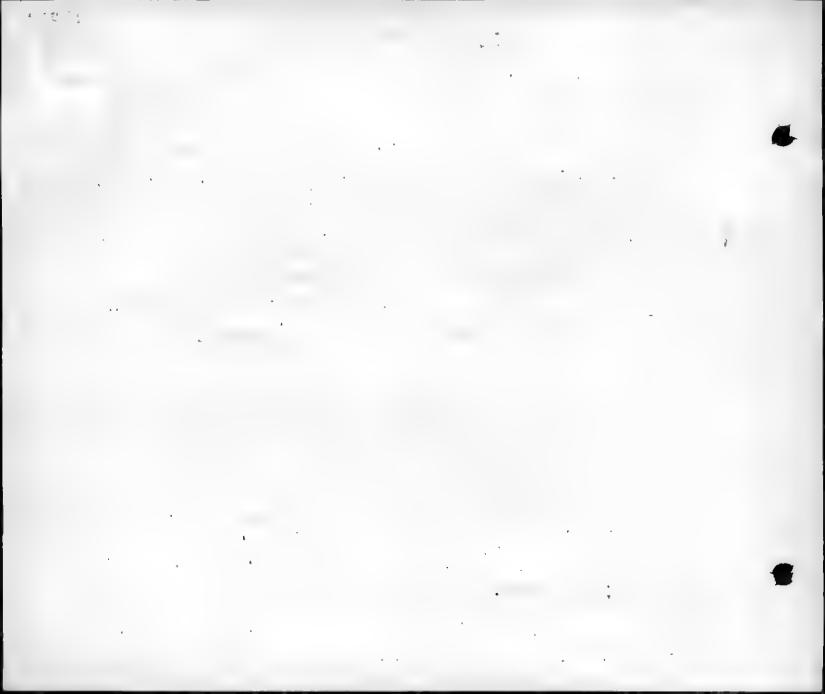
VS A15 (4) 1SM 9/58 090

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5382	CERTIFICATE	OF DEATH

Reg. Dist. N25371)

Ì	PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (Where deceased to a. STATE		ore odmission)
	COUNTY Baltimore	MARYLAND	Maryland	6. COUNTY Balti	more
	b. CITY OR TOWN (If autside carporate limits, v RURAL and give nearest lown)	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (Il autside corpore	te limits, write RURAL and give ne	cerest town)
	201 //		d. STREET ADDRESS		e IS RESIDENCE ON A FARM? YES TO NO TO
ı		esopeake five.	600 Stacy	ourt	<u> </u>
	3. NAME OF DECEASED (Type or print) DERTHA	Middle	STAN95 DEATH	May 18, 195	9 19
	7 / //// /	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9-21-1878	AGE (A years IF UNDER 14EA) lost birthdoy) Months Days	Hours Min
ı	10a. USUAL OCCUPATION (Give kind of work dans	e 10b. KIND OF BUSINESS OR INDUS	STRY   11. BIRTHPLACE (State or foreign cou		F WHAT COUNTRY?
N	rduring most of warking life, even if retired)		Maruland	1154	
4	13. FATHER'S NAME	<del></del>	14. MOTHER'S MAIDEN NAME	1 000	
	Richard Wolff		Augusta Albre	cht	
Ì	15. WAS DECEASED EVER IN U. S ARMED FORCES		NFORMANT	1 161.	ourt
	(Yes and, or unknown   11t yes, give wor or dates of service	"  R	ichard Stange	Towson - Md.	
	18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY:	per line or (o), (b), and (c).]	of liames		ERVAL BETWEEN SET AND DEATH
1	IMMEDIATE CAUSE (o)  DUE TO	Complete	of July		
1	Conditions if any which )				
1	gove rise to immediate				
1	lying cause lost.				
		IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
1	TE CONTRACTOR OF THE CONTRACTO				PERFORMED? YES NO NO
1	PART II. OTHER SIGNIFICANT CONDITI	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port 1 or Port 1	of item 18 )	
1		20d. INJURY OCCURRED 20a. PL	ACE OF INJURY (Home, form, 20f (City o	r town) (County	(Stote)
ı	Hour a.m.		tary, street, office bldg., etc.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[
1	21. I certify that I attended the de	eceased fram	10, 1959, to Mars	18 19 19 that I last sa	w the deceased
ı	alive an May 18	1949 , and that death		ne causes and an the date	
ı	ACTUAL SIGNATURE	( ) Fost	M.D. 6805 Work	et, city/of tawn, stole)	118/59
7	PHYSICIAN'S KAURENCE	E C. Post	Ballimon	12 mg	///
	220. BUR AL, CREMATION, 22b. DATE THEREOF BULL OF 5-21-59	Parkwood 1	r CREMATORY 22d. LOCATION Bal	ON (City, town, or county)	(State)
1	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240, REC'D BY REGISTRA	AR 24b. REGISTRAR'S SIGNATU	IRE
	Leonard J. Ruck 531	05 Harford Rd.	DATE MAY 2 0 '59		

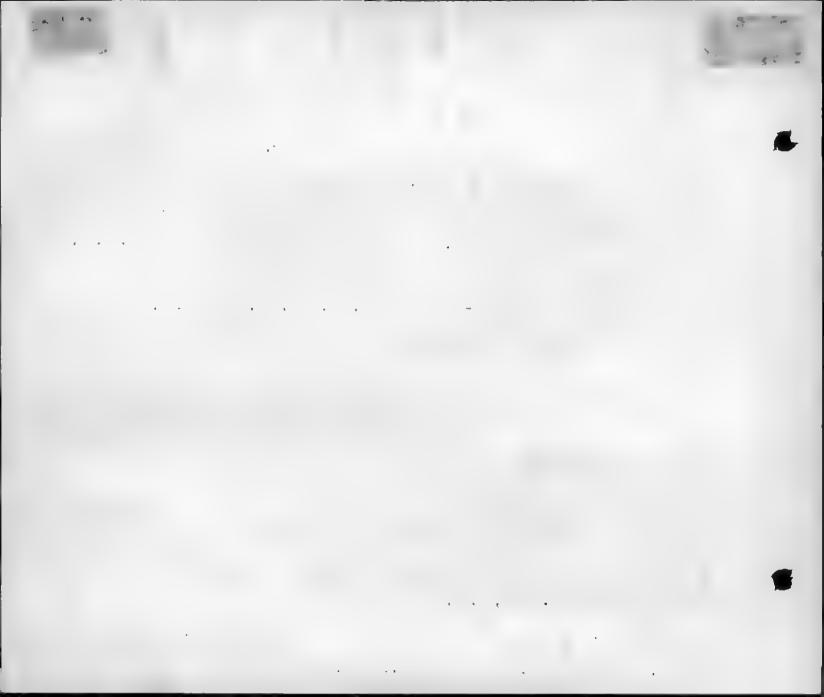


10			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  Items 8.9 FilmG. 2 2 1 1 1 et   15371
<b>り</b> -	4-	7	Items 8.9 FilmG. 2 5-13-3 et ()5371 5179 CERTIFICATE OF DEATH Reg. Dist. No.
director filed with			1. PLACE OF DEATH a. COUNTY BALTO MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
death: uneral Id be fi	( 1	1	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  DUNDALK  15 VRS, DUNDALK
after he f 2 shou	)	X	d NAME OF HOSPITAL (If not in hospital, give street address)  d STREET ADDRESS  1208 WILLOW RD.  e. IS RESIDENCE ON A FARM? YES NOT
24 havi			3. NAME OF DECEASED First Middle Lost 4. DATE Month Doy Year
within tely fill Poges			5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   1869   9 AGE (In years   IF UNDER 14 AFS.   1911   1
cample papers.	Ė		10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
and bon	5		ELEVATOR OPERATOR, PROFESSIONAL MD. 14. MOTHER'S MAIDEN NAME
rtificate by physician smove car	S Constant		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (You, no, or unknown)   If yes, give wor or dotes of service)   17. INFORMANT   Address
oth cer nding p	7/ 44		(Yes, no. or unknown) If yes, give wor or dotes of service) 2/8-67-9048 ALBERT STEIN 1208 WILLOW RD (22)  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
the de			PART I. DEATH WAS CAUSED BY: CEREBRAL THROMBUSIS ONSET AND DEATH SUBJECT ONSET ONSET AND DEATH SUBJECT ONSET ONSET ONSET AND DEATH SUBJECT ONSET
s that d by #	A Cura		Conditions, if any, which gave rise to immediate (b) CARD 10 - VAS EVILAR DISEASE 12 YRS
require	ב ב		cause (a), stating the under-   DUE TO   lying cause last.   (c)
he law physici nas bee ial-trar	Javar, c	0	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OF DEATH OF CONTRIBUTING OF CAUSE OF DEATH OF CONTRIBUTING OF CAUSE OF DEATH OF CONTRIBUTING OF CAUSE OF DEATH OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH OF CONTRIBUTING OF CAUSE OF DEATH OF CONTRIBUTING OF CAUSE OF DEATH OF CONTRIBUTING OF CAUSE OF DEATH OF CONTRIBUTING OF CAUSE OF DEATH OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH OF CONTRIBUTING OF CAUSE OF DEATH OF CONTRIBUTING OF CAUSE OF DEATH OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTING
IAN: T ending ficate h the bu	d le		20a. ACCIDENT WAS UNDERLYING CIDENT WAS UNDERLYING CIDENCE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)
PHYSIC all or aff			20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Have a. st. p. m. 19 While Not while of work at wore work at work at work at work at work at work at work at work at
DING hespite After the	ndı, cre		21. I certify that Jattended the deceased from FEB. 12, 1958, to MAY 6, 1959, that I last saw the deceased alive on MAY 1, 1959, and that death accurred at 7:10AM from the causes and as the date stated above
ATTEN by the CTOR: detac	200		ACTUAL ADDRESS (Street, city or town, slote)  DATE SIGNED
AL ON ALL			PHYSICIANS TO SERLY MISCELL
V be re UNERA	registr		NAME (Type) JOSEPH 11 CEL  22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, Town, or county) (State)
0 0	2		23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55			George W. Hoffmann 3218 HUDSON ST, DATE MAY 8 '59 arthur S. Known
			(24)



Maryland

death.



I

05373 list, No.

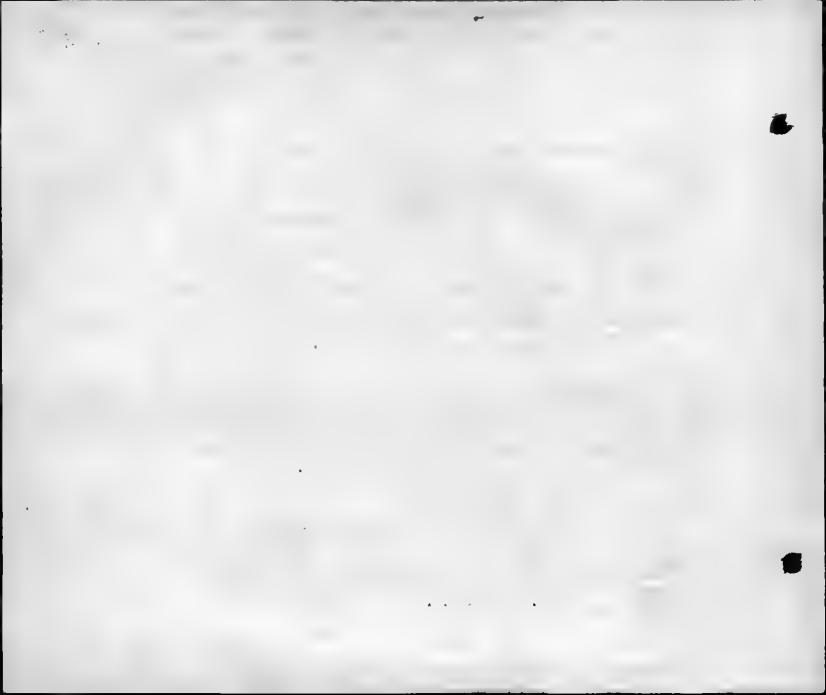
		ATE DEPARTME	CERTIF			18 Reg. Dist. No.	5373
×	1. PLACE OF DEATH o. COUNTY Baltimore	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before on STATE Maryland b. COUNTY Baltimor					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest found). Parkville	e. CITY OR T	OWN (If outside corpore ESSEX	te limits, write	RURAL and give no	torest fown)	
<	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospi 2600 Block Windsor Road	d. STREET AC	DDRESS 216 Middle	River	Road	e, is resider ON A FAI YES NO	

ord give naorest form! Parkville				ESSEX.						
(	I. NAME OF HOSPITA		i (if not in hosp	ital, give street oddress)	d. STREET ADDRESS  216 Middle River Road  4. IS RESIDENC ON A FARM VES NO					A FARM?
*	NAME OF DECEASED (Type or print)		Fint ARBĀRA	Middle JEAN	STOKES	4. DATE OF DEATH	Month May	Doy 8	Ye 19	59
5. SEX Female  6. COLOR OR RACE Female  6. COLOR OR RACE To MARRIED INEVER MARRIED B. DATE OF BIRTH Female  9. AGE (in years lost berthdoy) 21 yrs.						lost birthday)	FUNDER TYEAR Months Days		R 24 HRS. Min.	
10a	. USUAL OCCUPATIO furing most of working	N (Give kind of wo ) life, even if relire	rk done 10b. Ki d}	ND OF BUSINESS OR INDUST	Ga.	or foreign coun	itry)	12. CITIZEN O	F WHAT C	OUNTRY?
13.	RED Se Ve	I+ H.I	/	***************************************	14. MOTHER'S MAIDEN I	4 1				
35. (Yes	WAS DECEASED EVE	R IN U. S. ARMED (If yes, give war or date			lors Hill s	545 C	Pro Address	st.		
ATION	Conditions, If en gove rise to immedi (o), stoling the uncouse tost.	H WAS CAUSED BY MMEDIATE CAUSE DUE 1 y, which ote cause aderlying DUE 1	(e) <u>Mul</u>	tiple Gunshot  NTRIBUTING TO DEATH BUT N		INAL DISEASE C	ondition given	V IN PART 1(0)	IPAL BETWEE ET AND DEAT	UTOPSY
L CERTIFICATION	20g. EXTERNAL CAUS PRIMARY Grot CON CAUSE OF DEATH.	SE WAS TRIBUTING []		HOW INJURY OCCURRED. (E		t I or Port II of	item 18.)			
MEDICAL	20c. TIME OF INJURY Hour JCD. P. m.  21. I certify the	5/8	1959 While of work	Not while facts	CE OF INJURY (Home, formory, street, affice bldg., elc Street ve, held an Autaps	Par	rkville	(County) Baltim		(Stote)  Md. ind that
	ACTUAL SIGNATURE	from: Nature	al causes 7	Accident . Sui	_M.D. CHIEF MEDICAL EX	KAMINER [	etermined ca	use 🔲.	DATE SI	
220	NAME (Type)  BURIAL CREMATION REMOVAL (Specify)	Paul F		n. M.D. 12c. NAME OF CEMETERY OR MA Calvany	-01		N (City, town, or	county)	{State	111
23.	FUNERAL DIRECTOR'S	SIGNATURE	9181	ADDRESS Opuld Hill		D BY REGISTRAI		RAR'S SIGNATU	KE.	ia,

TO DEPUTY MEMBER: This certificate shauld be executed within 28 haus after \$\text{\$month}\$. If any delay is recessary, please execute the certificate ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction property page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

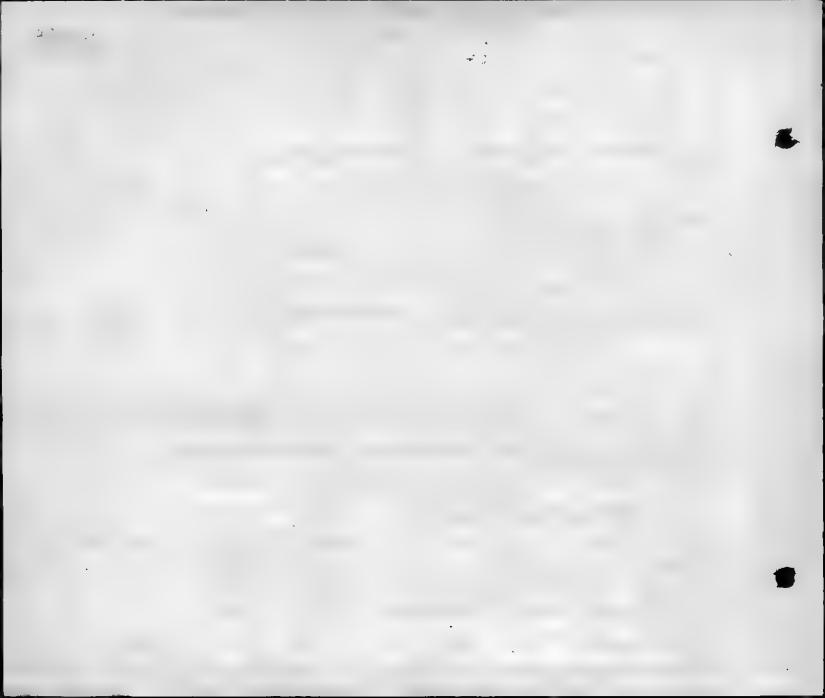
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, ar remayal.

VS. A15ME(5) 5M 9/55



death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	5386 CERTIFICATE OF DEATH  Reg. Dist. No. 053	75
Page director led with	1. PLACE OF DEATH O. COUNTY O. STATE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission on STATE by COUNTY 2 4 7 7 0	n)
death:	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)  C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)  C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)  OUNDALK  MARY LAND	
d 2 show	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUT ON 7609 Carson (We 7609 Carson Are- YES	
illed in	3. NAME OF First Middle Last 4. DATE Month Day Ye OF (Type or print) HENRY C STUMPF SR DEATH MAY 27 19	59
d within	S. SEX  6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In years lift UNDER 1 YEAR IF UNDER 1 Months Days Hours birthday)  MONTHS Days Hours	
executed and camp in paper death.	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY OF WHAT COUNTRY OF MONEY OF COUNTRY OF WHAT COUNTRY OF WHA	OUNTRY?
ate be excitan and safter de	JOHN STUMPE ANNA OED	
certifica ng physi remaye 72 haur	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  (14 yes, give wor or dollar of service)  213-07-9515 MRS, T-REOA STUMPF 76 09 Caree	n as
at the death the attendir Then please event within	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) QCUSE PYELO- Nephrits  ONSET AND D  THE TO	YEEN EATH
requires th an signed by sil permit. and in any	Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying cause last.  (b) Parkcursons Disease 12-92  (c)	ny
physical phy	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(0) 19. WAS AU PERFORM YES	MED?
tending ficate in the but ar ren	20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of clem 18.)	
PHYSIC al ar at this cert r use as ematian	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Haur a. m. While Not while at work at work at work at work at work at work at work.	(State)
NDING Paspit Affer Ched fo	21. I certify that I attended the deceased from 1946, to 1946, to 1957, that I lost saw the dialize an 20, 1957, and that death accurred at 10P.M. from the causes and on the date stated	ec <b>eas</b> ed
A ATTE		E SIGNED
be related NERAL NERAL Standard Standar	PHYSICIAN'S MORRIS (A	7
may be page 3 the regi	220. BURIAL, CREMATION, REMOVAL (Specify) 5-30-59 CAK 2AWN BALTO, CO. MC	) ,
VS A15 (4) 15M 10/57	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS SIGNATURE DATE JUN 1 '59 CALLANT & KAMA	
- 3111 1 47 47	The same of the sa	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 12 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) Baltimore Florida be filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest fown) P Lakeland, Florida d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS Lutherville, Maryland College Manor NAME OF 4. DATE First Middle Lost Month DECEASED OF DEATH Tarvid (Type or print) Frances S. Mav 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Mar.10,1898 61 yrs WIDOWED [ DIVORCED | 10g. USUAL OCCUPATION [Give Lind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Lithuania carbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Peter Shakimskas Susan Kaikaris remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Alexander A. Tarvid, Lakeland, Florida No None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stating the underlying couse lost. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work 21. I certify that I attended the deceased from \_\_\_\_ \_\_\_\_, 19\_2\_7, that I last saw the deceased and that death accurred at 11 P. M. Rom the causes and an the date stated above ADDRESS (Street, city or Jown, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) egod REMOVAL (Specify) Lakeland. Florida

**ADDRESS** 

24a, REC'D BY REGISTRAR

MAY 6

DATE

e. IS RESIDENCE

Day

YES NO

Year

19

PERFORMED? YES NO T

[State]

24b. REGISTRAR'S SIGNATURE

arthur & Krouge

(Stote)

Hours

U.S.

23. FUNERAL DIRECTOR'S SIGNATURE

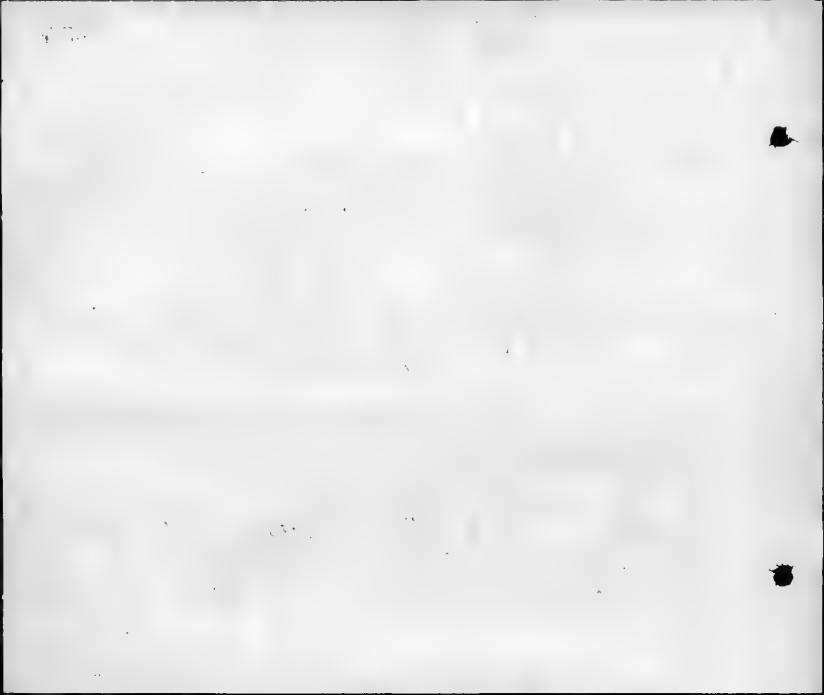
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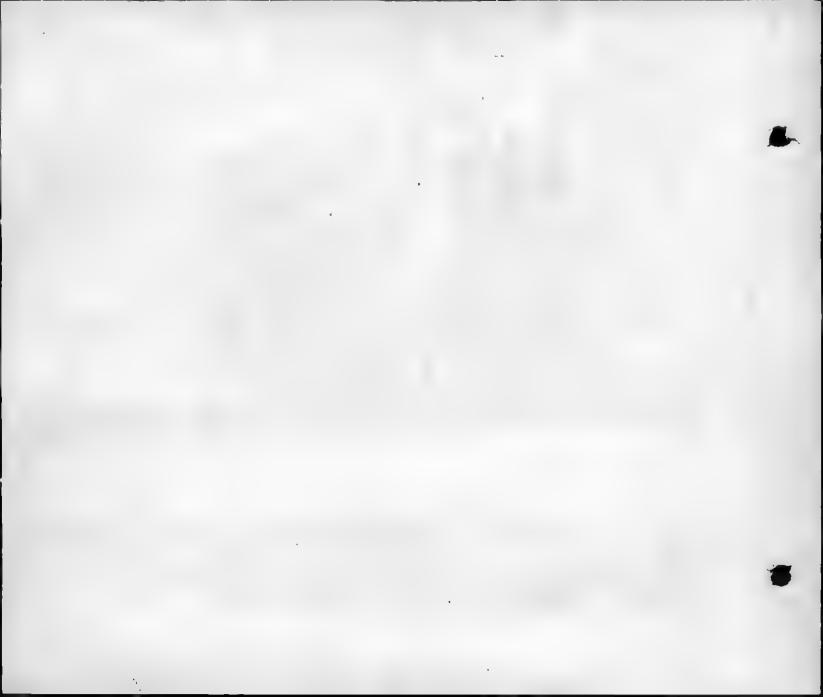
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

05377 Rea. Dist. No.

	5388	S CERTIFICA	ATE OF DEATH	ا با الم	Reg. Dist. No.	
1	PLACE OF DEATH O. COUNTY Baltimore	. MARYLAND	2. USUAL RESIDENCE (Where			ssion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) (4)	10 years	c. CITY OR TOWN (If outsi		e RURAL and give nearest lov	vn]
	d. NAME OF HOSP TAL (If not in hospital, give street OR INSTITUTION LINGS ton Road	oddress)	d STREET ADDRESS		ON	SIDENCE A FARM?
3	NAME OF First DECEASED (Type or print) EVA REBECC	A TAYLOR	Lost 4.	OE	1959 Day	Year 19
5	Female 6. COLOR OR RACE 7. MAR White WIDOW		8 DATE OF BIRTH Nov. 22,1880	9. AGE (In year lost birthday	ors IF UNDER 1 YEAR IF UNITY Months Days Hours	1
1	0a. USUAL OCCUPATION (Give kind of work done to during most of working life, even if retired)  HOUSEWITE	. KIND OF BUSINESS OR INDU	stry 11. Birthplace (Stote or Maryland	foreign country)	12. CITIZEN OF WHA	T COUNTRY
1	Lucien Thomas		14. MOTHER'S MAIDEN NAM			
1	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 Yes. no or unknown) (If yes, are war or dates of service) NOTE:		nformant dford Taylor		gston Rd., T	owsor
41000	Conditions, if any, which gove rise to immediate couse (o), stating the under-tying cause last.  Part II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	L DISEASE CONDITION (	PERF	ORMED?
P. C. St. Pach a W. Man	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part	I or Part II of item 18.}	νε <b>ς</b> Γ	] но
1000	20c. TIME OF INJURY Month, Day, Year 20d Haur a.m. While p. m. 19		ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)	20f. (City or town)	(County)	(State)
	21. I certify that I attended the decearative on May 3 , 19.  ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type) AURE NEE	177 1	accurred at 10 CA		9, that I last saw the s and on the date sta vn. state)	
L	20 BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) Burial May 6,1959		R CREMATORY 220 pel Cemetery		l. Maryland	10] -
2	3. FUNERAL DIRECTOR'S SIGNATURE  Marvin Villiams. Ch	estertown M	240 REC'D B		GISTRAR'S SIGNATURE	



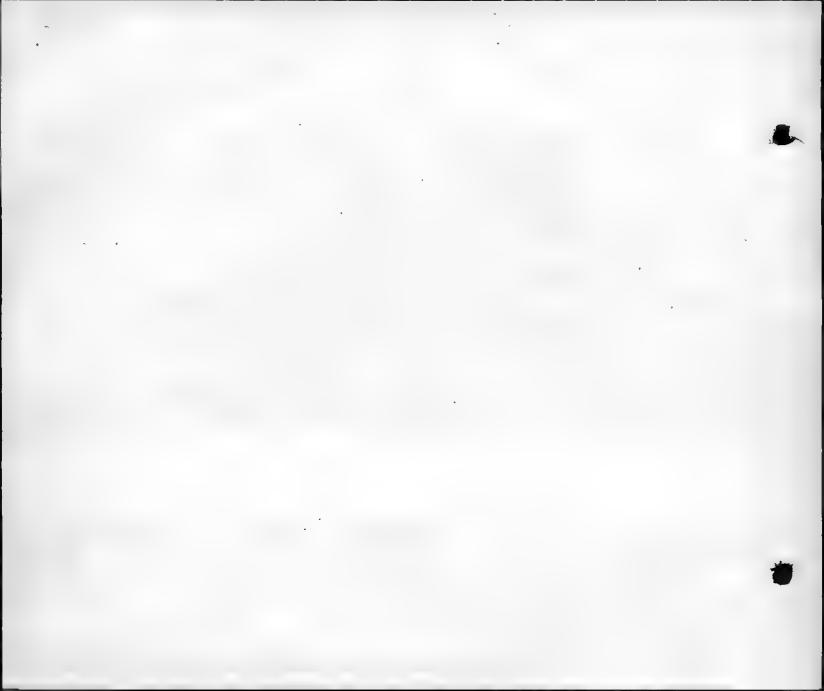


1			MARYL	AND,	tems 2,) CERTI	RTME	NT OF H	EALTH	-BALTIN	NORE, 18		
<b>b</b>			53!	30 -	CERTI	FICA	TE OF D	EATH	Í	Reg	Dist No	5379
M	3. PLAC	E OF DEATH	Baltimore		MARY		o. STATE	ence (Wh	_	d If institution Res	altim	,
III	RU	TY OR TOWN (H RAL ond give ne ray Man		s, write	c. LENGTH OF STAY	IN 1b	CITY OR TO	OWN (If o	viside corporate l	imits, write RURAL o	and give ne	earest town)
	d N	AME OF HOSPIT	AL (If not in hospital, g	ve street or	idress)		d STREET AL	y Mand DDRESS	OF			e IS RESIDENCE
X	01	NOTITUTION	205 Oakwoo	d Roa	d		205 0	Dakwoo	od Road			YES NO X
	3 NAM	E OF ASED	Fire	1	Middle		Last	1	4. DATE OF	Month	D	ay Year
	(Туре	or print)	ELIZABETH		T.	TRAN			DEATH M	ay	6	19 59
	5 SEX		6. COLOR OR RACE				DATE OF BIRTH	1	lo	st birthday) Mont		Hours Min.
	Fem		White	WIDOWED	703	- Indiana	Vov. 9,	1889	1890	6968 <sup>yrs.</sup>	CITIZEN	F WHAT COUNTRY?
	dun	t home	ON (Give kind of work di ling life, even if retired)	one Tob. K	IND OF BUSINESS C	K IINDUSII	Czecho			1	U.S.	
)		IER'S NAME					14. MOTHER'S	•			U.D.	<u>a.</u>
		Michae	el Stanka				Mary Ne	emshof	fska			
		DECEASED EVE	R IN U. S. ARMED FOR		OCIAL SECURITY NO	. INF	ORMANT	MII)	L Ditte	Address		
	No.	ar naskumenti	(If yes, give wer or dates of se	rvicej		Ste	eve Trar	nsik a	205 Oakw	ood Road		
	18,		TH [Enter only one con	ise per line	for (o), (b), and (c).		,				IN	TERVAL BETWEEN
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)		Como	ry	thron	bose	7		011	2 200
		1	DUE TO		1	U						
		enditions, if or			Conona	3	insuff	eci.	UC D			0+ 240
	Car	use (a), stating t			Hymes to	0 - 2	0	eis v	cocalo	A des.		10 4 4/0
	z iy	ng couse lost	(c) (c)	DIT ONS CO	INTRIBUTING TO DE						PART I(a)	19 WAS ALTOPSY
1	ATIO .	9 × C	Ille tron	ก	Locatities						71111 1(0)	PERFORMED?
	OR (IF I	ACCIDENT WA CONTRIBUTING THER, NOTIFY	A		RIBE HOW INJURY O	CCURRED	(Enter noture of	Finjury 'n P	Port I or Port II of	item 18 )		
	WEDICAL 20c	TIME OF INJURY HOUR o.m.	Y Month, Day, Yes	While	Not while	20e. PLAC focto	E OF INSURY (Fory, street, office	tome, farm, bldg., etc	, 20f (City or to	own)	(County	(Stote)
		I certify th	at lattended the	deceose		death o	poccurred ats		M, from the			w the deceased e stoted above
	ACT SIG	UAL NATURE	8.00	att	-	M.	.o 4		abbress (Street,	city or town, stote)		S/8/J
1		SICIAN'S ME (Type)	J. PL	AT	Ť, M.I	).			Essly.	no.		(
	220 BUI	RIAL, CREMAT O	May 9, 19		22c. NAME OF CEM Sacred H			**		(City, town, or cour	nly}	(State)
	23. FUN	ERAL DIRECTOR"	S SIGNATURE		ADDRESS	ear o				24b REGISTRAR	S SIGNATU	JRE
	Vll	rich Fun	eral Home I	undal	k. Md.			N. MAY	1 1 159	Outline 1	0 4	

arthur S. Kraus

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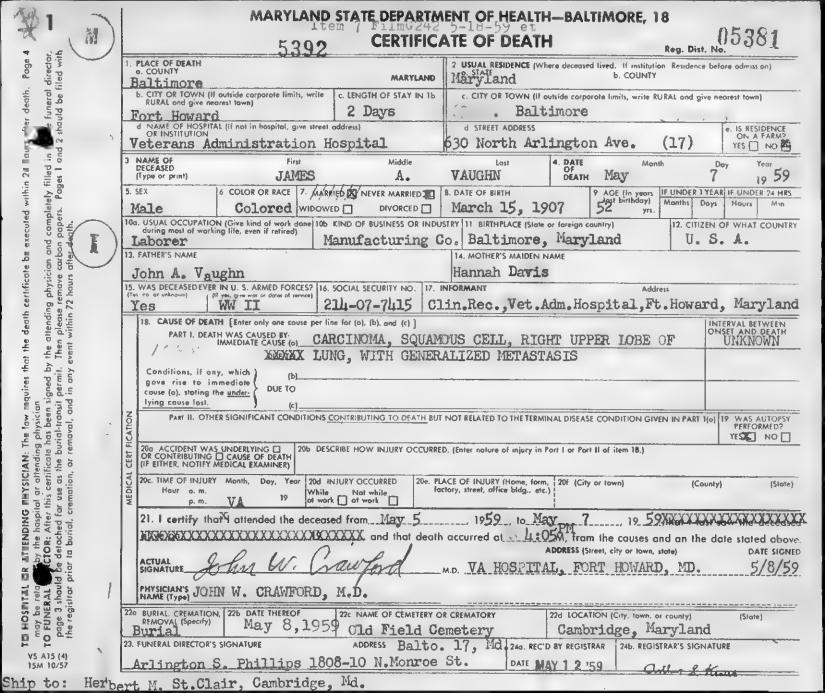
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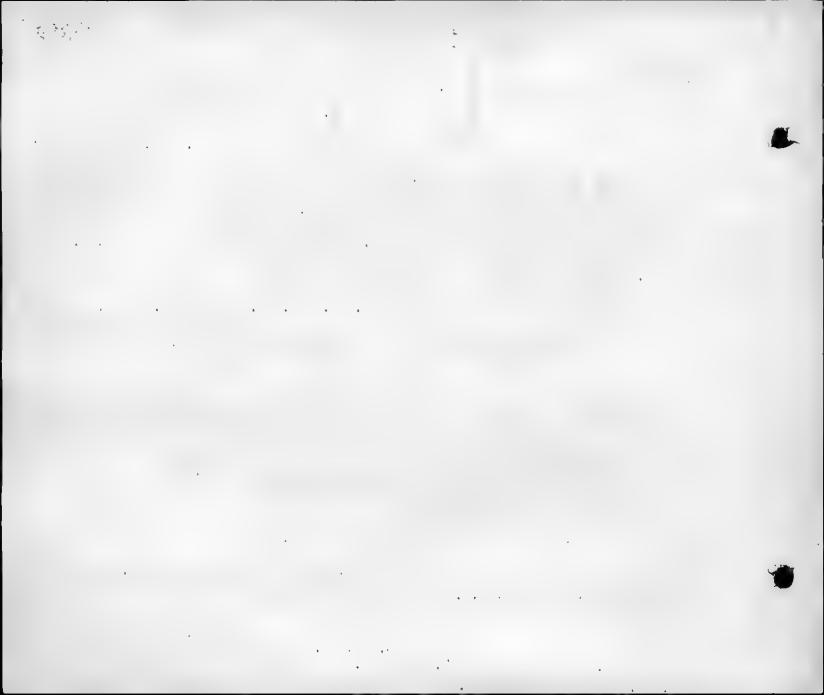


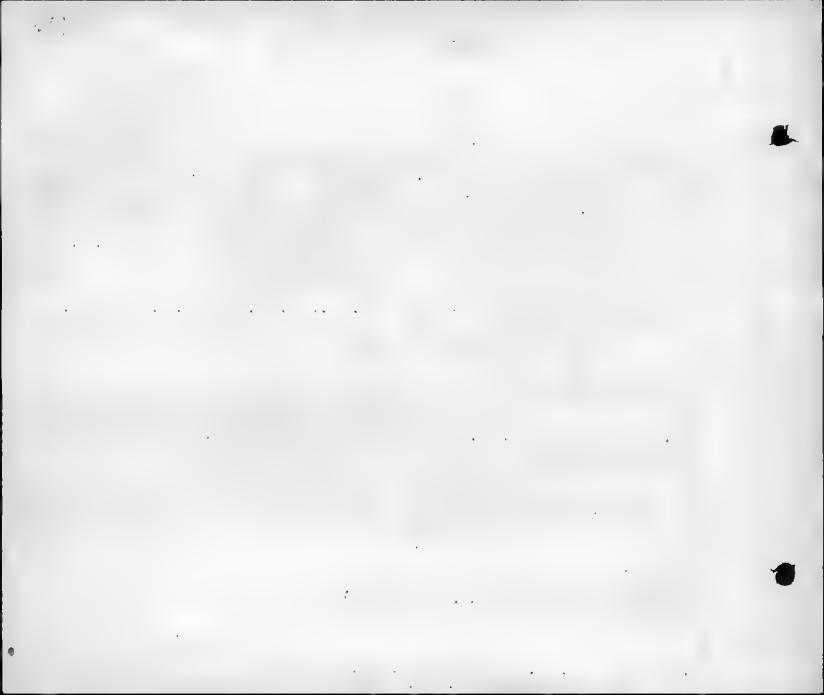
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) **6 COUNTY** c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO K Month 19-0 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HE lay birthday) Months yrs 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOTE 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18.) 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) 1959 that I last saw the deceased M, from the causes and an the date stated above.

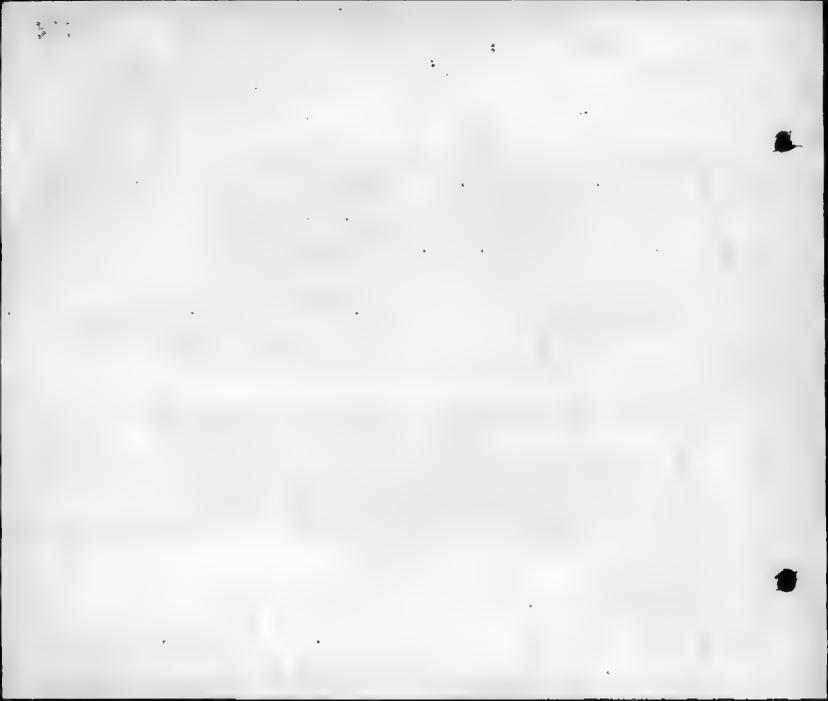
> 22d LOCATION (City, town, or county) (State) 24b. REGISTRAR'S SIGNATURE







MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate hmits, write RURAL c CITY OR TOWN (if autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 owson owson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IN STREET ADDRESS e. IS RESIDENCE ON A FARM? eld Koad YES TO NON NAME OF Middle DATE DECEASED OF (Type or print) DEATH Wanner 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH FUNDER TYEAR FUNDER 24 HAS 5. SEX 9 AGE In years Months Haurs WIDOWED [ 66 yrs. 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO lyes, no, or unknown) Ill yes, give war or dates of service Mrs. Margaret Wagner, 3 Ridgefield Road. 18 CAUSE OF DEATH [Enter only one cause per line for/(a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 420.1 DUE TO Candilians, if any, which) gave rise to immediate cause DUE TO (a), stating the underlying cause fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? NO E 20g. EXTERNAL CAUSE WAS PRIMARY | ar CONTRIBUTING | 20b DESCRIBE HOW INJURY OCCURRED, lenter noture of injury in Port 1 or Port 1 of Item 18.1 CAUSE OF DEATH. 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f, (City or town) {County} (Stote) factory, street, affice bldg., etc.) Not while o. m. at work | at work 21. I certify that I look charge of the remains described above, held an Autapsy , Inspection F-7, Inquiry and in my apinian death resulted from: Natural causes . Accident . Suicide , Homicide , Undetermined manner ACTUAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Storte) REMOVAL (Spacify) 70 23 FUNERAL DIRECTOR'S SIGNATI **ADDRESS** 240 REC'D BY REGISTRAR VS. A15ME MAY 1 1 '59



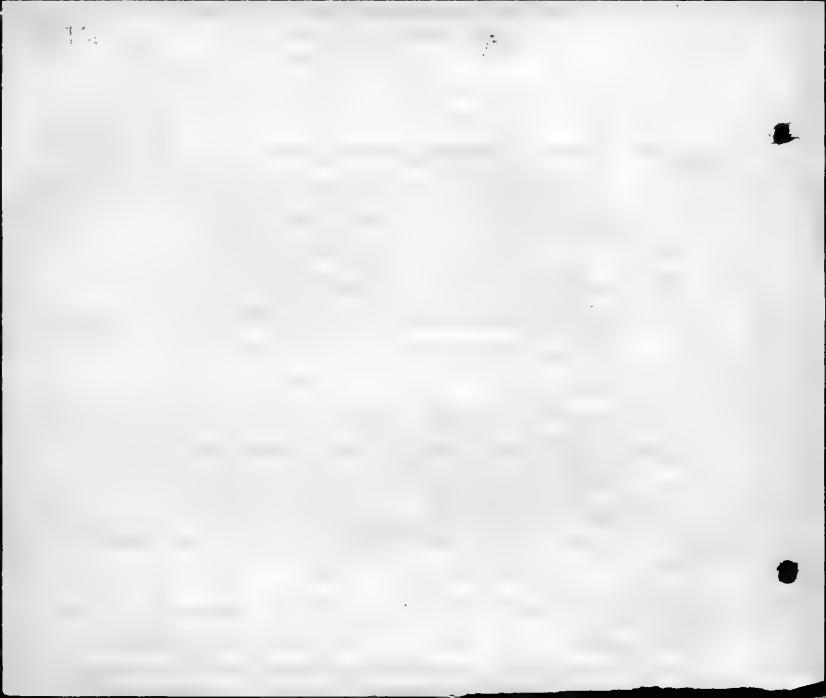
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ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

115384

**CERTIFICATE OF DEATH** 

Rea. Dist. No 2 USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? E1000 YES NO 00 Middle Lost DATE Month Day Year JAGONER DEATH 19.50 ハはノ 7. MARRIED NEVER MARRIED 9 AGE (In years # UNDER LYEAR IF UNDER 24 HRS B. DATE OF BIRTH lost birthdoy) Months Days DIVORCED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11./BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? RAHE GINIA 14. MOTHER'S MAIDEN NAME 17. INFORMANT 3001 + DGE 1000 INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? mouls YES NO W 205. DESCRIBE HOW ANJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) 2, that I last saw the deceased and that death occurred at 0:30 M.Grom the causes and on the date stated above. ADDRESS (Street, city or town, stole) 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State) MANDA EM 24b. REGISTRAR'S SIGNATURE **84a. REC'D BY REGISTRAR** arihur S. Kraus



,				52	0.6	CERTIFIC	ATE OF	DEATH	1		Reg. Dis	053	85
;	1. [	LACE OF DEATH	Baltim	ore	<del>0 0</del>	MARYLAND	2. USUAL RE G. STATE		ylane	tived. If institu b. COUNT	v	ce before o	
	1	RURAL ond giv	N (If autside car re nearest town)	porate limits, wri	e c. LENGT	H OF STAY IN 16	\ -	RTOWN (If or		rote limits, write	RURAL and g	give nearest	lown)
		OR INSTITUTION	551	hospital, give str. 9 W111	eel address) YS ÂVE	nue		ADDRESS	llys	Avenue		C	RESIDENCE ON A FARM? S NO
		NAME OF DECEASED Type or print)	Lor	ena ena	Loui	Middle	alter	last	4. DATE OF DEATH	May	25.	Day	Year 19 <b>59</b>
	5. 5	cemale	6. COLOR		ARRIED NE	VER MARRIED   DIVORCED	Dec.		886	9 AGE (In years lost birthday) 72 yrs	IF UNDER Months		UNDER 24 HRS
١		REHIEL	working life, ever	d of work done 1 n if retired)	Shop	LNSPECE	/ _	PLACE (Stole o		ountry)	12. CIT	U. S	HAT COUNTRY?
/		Louis				,	Ca	r's maiden n theri		thmill	er		
	15. (Ye)	WAS DECEASED		RMED FORCES? or dates of service)	16. SOCIAL SE 212 03	CURITY NO 17	Cather	ine L	. Mes	sersch	midt	5519 Av	Willy
			DEATH WAS CA	CAUSE (o)	etastat	ic carci			ver			ONSET	L BETWEEN AND DEATH COOWN
		Conditions, if any, which gave rise to immediate cause (a), stating the under-										nown	
5	CATION												
	CERTIF	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NOT	WAS UNDERLYI ING CAUSE O IFY MEDICAL EX	NG 206. I OF DEATH AMINER)	DESCRIBE HOW	V INJURY OCCURR	ED (Enter nature	a of injury in P	art I ar Part	11 of item 18.)			
	MEDICAL	20c. TIME OF IN Havr o. p.	m.	, wi	J. INJURY OCC tile Not s work of wo	vhile f	LACE OF INJURY octory, street, of	Y (Home, farm, fice bldg., etc.	20f (City	or town)	(0	ounty)	(State)
		21. I certify alive an	that I atten May	ded the dece	eased fram.	Feb. 26 and that deat		), to_ 8:30		7 25,1959 In the causes			
		ACTUAL HUNATURE	Bra	ely 2	Sauge	harthy	M.D	647	ADDRESS (SI	reet, city ar town	, state)	ulozi	DATE SIGNED
1		PHYSICIAN'S NAME (Type)		ley Dau	harthy	, M.D.	1261	Franc	is Ave	e, Balt	0. 27.	rld.	
	Bu	BURIAL, CREMA REMOVAL (Spec	5/2	8/59	Lo	udon Pa	_			More	or county)	and	(State)
	23	Howard			107 W	ilkens	Avenue	24a. REC'D	BY REGIST	RAR 24b. REG	ISTRAR'S SIG		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

To be with the second + 34 1200 4 Comments of the comments of th o the aut of the with a state of the state of th

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. N ALTH DEPT. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY b. COUNTY files. Health, Baltimore MARYLAND New York b. CITY OR TOWN (If outs de corporate limits, with SURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest lown) ö Chase <u>Plainview</u> d. STREET ADDRESS e IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Rural YES NO 18 Spector\_Lane retaine Stote death. Stote 3. NAME OF 4. DATE First Middle Month Year DECEASED (Type or print) DEATH May 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED MEVER MARRIED B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HES 3 (a) birthday) Feb. 22. Months -Days Hours Min. WIDOWED [ DIVORCED | Steel Company

New York 12. CITIZEN OF WHAT COUNTRY? oge 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hyam Varren Sarah (unknown. form 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address I've on as unbrown? [II yes, give wor or dotes of service] Westminster Chapel (F.D) Brooklyn, V.Y. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PHTERNAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Multiple extreme injuries IMMEDIATE CAUSE (6) 361 X DUE TO Conditions, if any, which gave rise to immediate couse **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO! 200. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of 'neary in Port E or Port 8 of Hem 18.) Airplane crash 20r TIME OF INJURY 20d. INJURY OCCUPRED | 20e PLACE OF INJURY (Home, form, | 20f. (City or town) Month, Doy, Year (County) (Stote) factory, street, office bldg., etc.) 19 KO of work 🔲 of work 😰 Ralto. Medd. Air over farm Chase 21. I certify that I took charge of the remains described obove, held on Autopsy . Inspection . Inquiry . Suicide , Homicide , Undetermined monner opinion death resulted from: Notural couses . Accident . DATE SIGNED ACTUAL M D CHIEF MEDICAL EXAMINER SIGNATURE EXAMINER'S M. B. Davis, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 122c. NAME OF CEMETERY OR CREMATORY 270. BURIAL CREMATION, 276. DATE THEREOF 22d. LOCATION (City, lown, or county) (Stote) REMOYAL (Specify) Pinelawn. Wellwood Cemptery ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE A15ME Allian Took, Inc., 1217 St. oul Street Orthon S. Kings 5M 2/57



## FOR STATE HEALTH DEPT

ssory, please sector. Page your files of Affective

TO DEPUTY ICAL EXAMINER: This certificate should be executed within 24 hours after deoth. If any delay is execute the ficate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer 4 should by worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transis permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any even within 72 hours after death.

VS. A15ME \$M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05387

	53	98 ME	DICAL	. EXAMIN	EK'S	CERTIFIC	AIE OF	DEATH	Reg. Dist.	No.
1.	PLACE OF DEATH	Glen L. Max Baltimore			YLAND	2. USUAL RESIDENCE STATE MA	E (Where deced	sed lived. If institu b. COUNT		before odmission)
		fout de corporate limits, write		c. LENGTH OF STAY	IN 1b		u (If outside cor imore:	porole limits, write	RURAL and giv	e nearest fown)
		Martin Compa		ital, give street addre	51)	d. STREET ADDRE		tte Avenu		ON A FARM YES NO
3.	NAME OF DECEASED (Type or pr'nt)	James N. W				Lost	4 DATE OF DEATH	Monti Ma	y 2	Year 19 59
	Malle	6. COLOR OR RACE Colored	WIDOWED	DIVORCED		July 23.		9. AGE (in years last birthday) 26. yrs.	Months Day	1 Hours M'n
_	during most of working most of working most of working Painters I	ON (Give kind of work of ng life, even if retired) ielper	Jone 10b KI	Painter		Baltim	ore. Ma	**	ì	S.
	Joseph	Washington		OCIAL SECURITY NO			ise Bat	BIST . Address		
	Yes	1950-52 TH [Enter only one cou	2	15-24-2148	l	h Washing	tion: I 32		yette A	Ve
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	nn.	1+4=	OK	BUNNS.	over	UEn	tine	INSET AND DEATH
	Conditions, if a gove rise to immed (a), stating the couse lost.	ediole couse	/2	oyg						
Constitute A Worker		HER SIGNIFICANT CON	DITIONS COI	NTP BUTING TO DEAT	TH BUT NO	T RELATED TO THE T	ERMINAL DISEA	SE CONDITION GIV	VEN IN PART 1(c	PERFORMED?
		ONTRIBUTING []	JURA	HOW INJURY OCCU	PRED. (Enti	er noture of injury in		1 of item 18.)  1 Rplant e	CLEM	wind Hur
41 5 274 7 4	20e. TIME OFFINIL	JRY Month, Doy, Yea	While	/ NM white	// factors	OF INJURY (Home,	etc.) 2.4	1 11 13	ILK PA	/
	1	hat I took charge resulted fram: 1								
	ÁCTUÁL SIGNATURE	ma	o a	un		M.D.	AL EXAMINER	_	.1	DATE SIGNED
	EXAMINER'S NAME (Type)	M.B	DAV	15 M	2	DEPUTY MEDI	EDICAL EXAMINER	<b>a</b>	1/2	11/59=
	Buriali	1 5/25/55	) }	Balto. Name of CEME	-	lemetery		timore. M		(Stote)
- 1	3. FUNERAL DIRECTO William A.	Jackson Fu	meraI		9116 P	DAT	MAY 2 2		lotting S. A	



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15M 10/57

05388 Rea. Dist. No 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO P IF UNDER 1 YEAR IF UNDER 24 HRS 12. CITIZEN OF WHAT COUNTRY 11.5. A. INTERVAL BETWEEN ONSET AND DEATH わっしいく CONDITION GIVEN IN PART 1601(19), WAS AUTOPSY PERFORMED? YES NO D (County) (State) . 1999that I last sow the deceased M, from the couses and on the date stated above DATE SIGNED 22d. LOCATION (City, town, or county) 24b. REGISTRAR'S SIGNATURE arthur & Thous DATE MAY 1 8 '59

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05389

Reg. Dist. No Baltimore . IS RESIDENCE ON A FARM? YES NO TO 3rd. 19 IF UNDER I YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? USA

INTERVAL BETWEEN OMSET AND DEATH

as

PERFORMED? YES NO

(State)

(County)

That I last saw the deceased

7001 Mornington Road

Manitowoc . Wisconsin 24b. REGISTRAR'S SIGNATURE

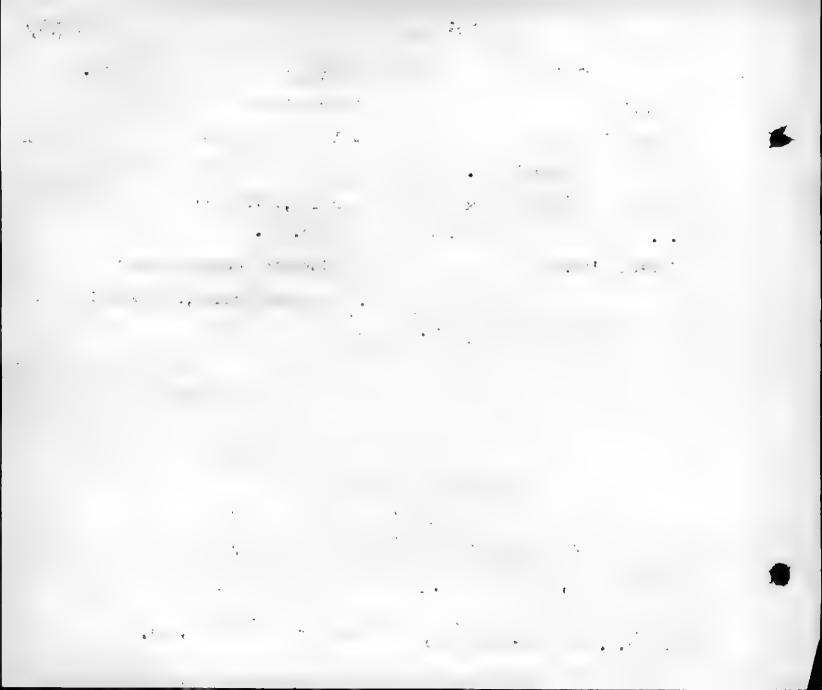
Dundalk

arthur S. Krous DATE MAY



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5400 Reg. Dist. No. HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) e. COUNTY **6. COUNTY** Baltimore MARYLAND Michigan b CITY OR TOWN (If autode corporate limits, write RURAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and aive process town Chase Grand Rapids d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE Rural 11de Benjamin S.E. YES NO GIRE 0,0 NAME OF First Middle 4. DATE Month Louis Year OF (Type or print) DEATH 19 59 SUE WESSELL ANN Mav 5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED [ 8. DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 185 21 yrs Months Doys Hours Mn. Whi te WIDOWED [ DIVORCED [ Female 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Hostess Airplane Mich. 13. FATHER'S NAME pages 14. MOTHER'S MAIDEN NAME Lucille Ludwig Peter Wessell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dotes of service) 12. Johnkoff Funeral Home-Grand Rapids, Mich. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple extreme injuries IMMEDIATE CAUSE (o) **buriol-tran** DUE TO Conditions, if eny, which) gove rise to immediate cause **DUE TO** (o), staling the underlying cours lost. D PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICE 19. WAS AUTOPSY PERFORMED? 6 YES IN NO 20d. EXTERNAL CAUSE WAS PRIMARY EF-or CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Airplane crash MEDICAL 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or town) 20r. TIME OF INJURY Month, Doy, Year (County) (State) factory, street, office bldg , etc.) Not white 5:15 p.m. Chase Balto. Md. of work T at work Air over farm 21. I certify that I took charge of the remains described above, held an Autopsy [4], Inspection . Inquiry . opinion death exilted from: Natural causes . Accident . Suicide , Homicide , Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE M.D. D ASSISTANT MEDICAL EXAMINER [ **EXAMINER'S** DEPUTY MEDICAL EXAMINER [ NAME (Type 3 220. BURIAL, CREMATION, 225, DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ŏ Removal Brand Rapids, Mich. 0 23. FUNERAL DIRECTOR'S SIGNIMURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE MAY 1 5AL 2/57





220. BURIAL, CREMATION. (Stote) REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNA

City

e IS RESIDENCE

ON A FARM?

YES NO TH

19

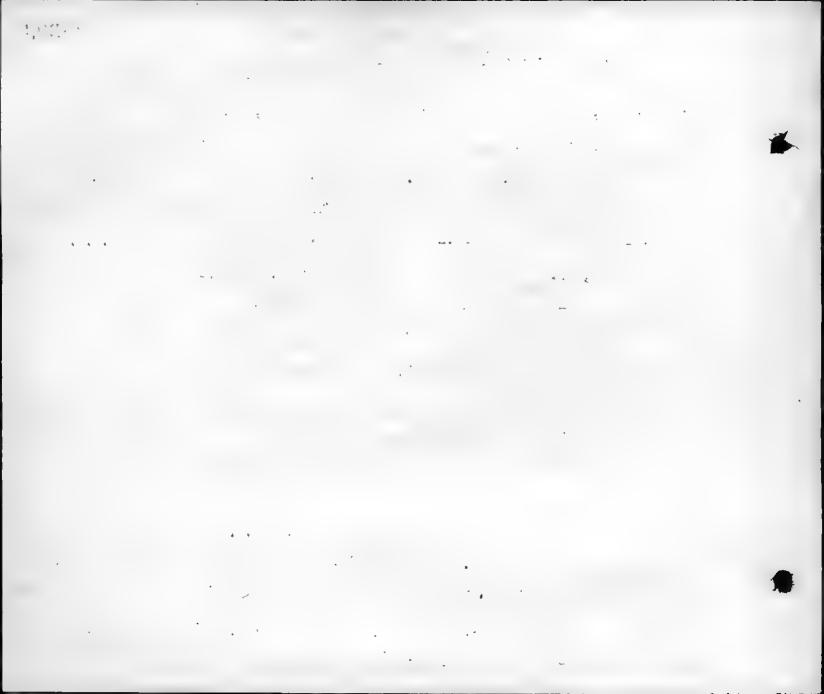
U.S.A.

(County)

INTERVAL BETWEEN ONSET AND DEATH

YES 🔀 NO 🗔

(State)

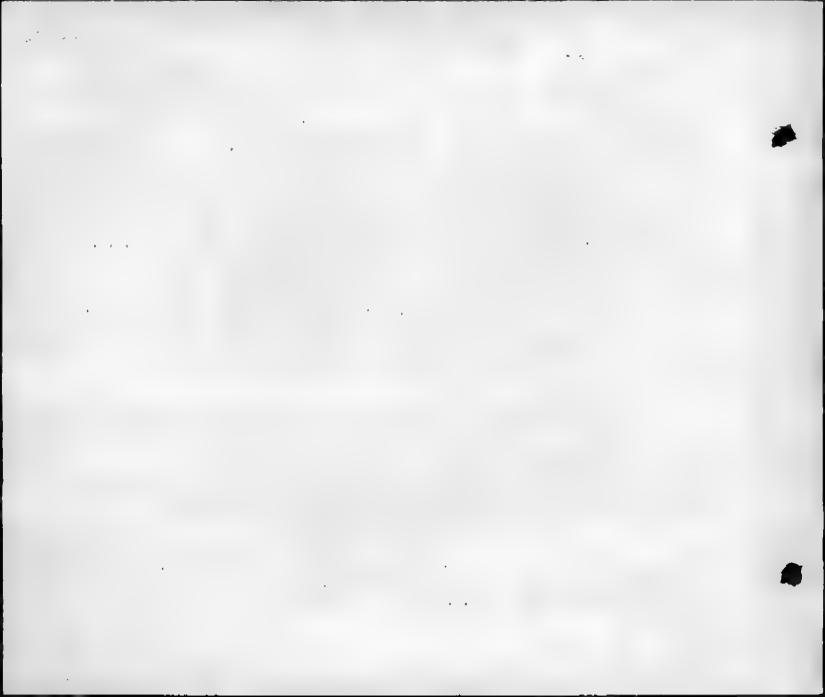


Page 4	director,	ed with
din certificate be executed within 24 haurs aret death. Page 4	inding physician and campletely filled in be funeral director,	ease remaye carbon papers. Tages I and 2 shauld be rised with
in s	9	yus 7 Di
n 24 ho	filled in	ğ - 8
WILL	letely 1	. rag
xecute	d camp	paper 1971
e pe e	ian an	Carbon
erfilte	physic	ease remave carbon pap big 72 bours after dooth
ם בוסני	nding	edse r

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

5403 CERTIFICATE OF DEATH 05393

Ŀ	023	70		Reg. Dis	T. NO.
	o. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Whe of STATE Maryland	re deceased fived If institution; Residence b. COUNTY	imore
Ī	b. CITY OR TOWN (If autside corporate limits, wring RURAL and give nearest town) Catonsville	ile c LENGTH OF STAY IN 16 3 years 6 mo	c. CITY OR TOWN (If ou	tside corporate limits, write RURAL and g	
-	d NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION	reet address)	Catonsville d. STREET ADDRESS 802 Frederic		e. IS RESIDENCE ON A FARM?
	Spring Grove State Hosp:	ıtaı	002 11603116	A lute	YES NO 🔼
	NAME OF First DECEASED (Type or print) Bessie	Middle W ø	Whitney	4 DATE Month OF DEATH NOTE DEATH	31 Year 19 59
1	Transaction Title 4.4.	MARRIED NEVER MARRIED DOWED 2 DIVORCED	B. DATE OF BIRTH 12- 27- 1889	The state of the s	YEAR IF UNDER 24 HRS Days Hours Min
	Occupation (Give kind of work done during most of working life, even if retired) Beauty Shop operator	106. KIND OF BUSINESS OR INDUS Beauty Shop opera			ZEN OF WHAT COUNTRY?
Ī	3 FATHER'S NAME		14. MOTHER'S MAIDEN NA	WE	
	Mar-on 4 Mil	ton	Catherine	Fisher	
1	5 WAS DECEASEDEVER IN U. S. ARMED FORCES? [Yes no or unknown] (If yes, gave wor or dates of service)	1	NFORMANT (daughtes. Parian Bens		Ave. Balto.2
	18 CAUSE OF DEATH [Enter only one couse pr PART I DEATH WAS CAUSED BY. AT- IMMEDIATE CAUSE (a)		ario√scular Di	sease	INTERVAL BETWEEN ONSET AND DEATH JEGERAL YEARS
	DUE TO GET	neralized Arterio	osclerosis		22422
1	gove rise to immediate	100000	0002010020		TEVERU YERTE
	couse (a), stating the under- lying cause lost.  DUE TO  (c)				
	PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH  If EITHER, NOTIFY MEDICAL EXAMINER	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO 1
	200. ACCIDENT WAS UNDERLYING [] 206. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Po	rt 1 or Port II of stem 18.)	
	Hour e.m.	Od. INJURY OCCURRED 20e PLA thile Not while for work of work	ICE OF INJURY [Home, form, lary, street, office bldg., etc.)	20f. (City or town) (Co	ounty) (Stote)
	21. I certify that I attended the deco	eased from October	2i , 19 55 to Fray	)	ast saw the deceased
Т	Glive on	2, and that death	accorred of	w, fram the causes and an th	
	ACTUAL Brecce SIGNATURE	Cadansker	ro. Pring	Creve St.	Hoso. \$\frac{1}{31/59}
	PHYSICIAN'S Bruno Radauska	as M.D.	Cato	usoille ella	
1	20. BURIA., CREMATION, 226. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY 2	2d. LOCATION (City, town, or/county)	(Stole)
2	JUNERAL DIRECTOR'S SIGNATURE	ADORESS	240 REC'D	BY REGISTRAR 245 REGISTRAR'S SIQ	NATURE
4	Man Mart + N	m . 23	DATE JUN	2 '59 Crithun S.	Himua



VS A15 (4) 15M 10/S7

e. 15 RES DENCE

Hours

ON A FARM?

YES NO IX

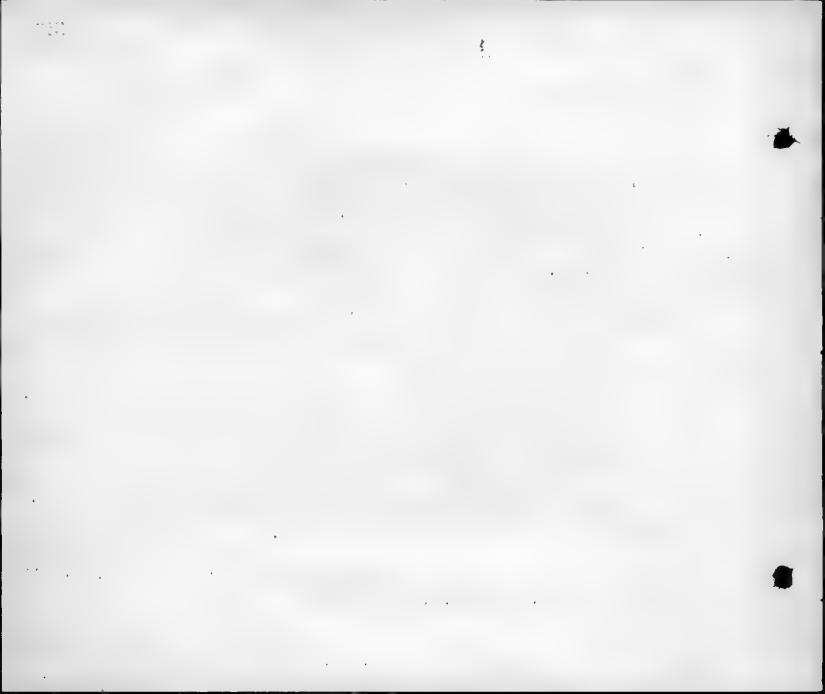
Year

2 Yrs

PERFORMED?

19 59

YES INO TH (County) (Stote) Mi. \_\_\_that I last saw the deceased P. M., fram the causes and on the date stated above. DATE SIGNED (Stote) Marvland 24b. REGISTRAR'S SIGNATURE



and bon ottending | FUNER 0 VS A15 (4) 15M 10/57

**ACTUAL** SIGNATURE PHYSICIAN'S

NAME (Type)

PLAOVAL (Specify)

270. BURIAL, CREMATION, 22b, DATE-THEREOF

FUNERAL DIRECTOR'S SIGNATURE

Mames E. Rome. Jr. M.D.

I director, filled with

715 Frederick Rd. Catonsville #28, Md. 22c/NAME OF CEMETERY OR CREMATORY

24a, REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE

ADDRESS (Street, city or lown, state)

22d LOCATION (City, town, or county)

e. IS RESIDENCE

ON A FARM? YES I NO

Year

19...

Hours

INTERVAL BETWEEN

PERFORMED? YES NO THE

(State)

DATE SIGNED

(Stote)



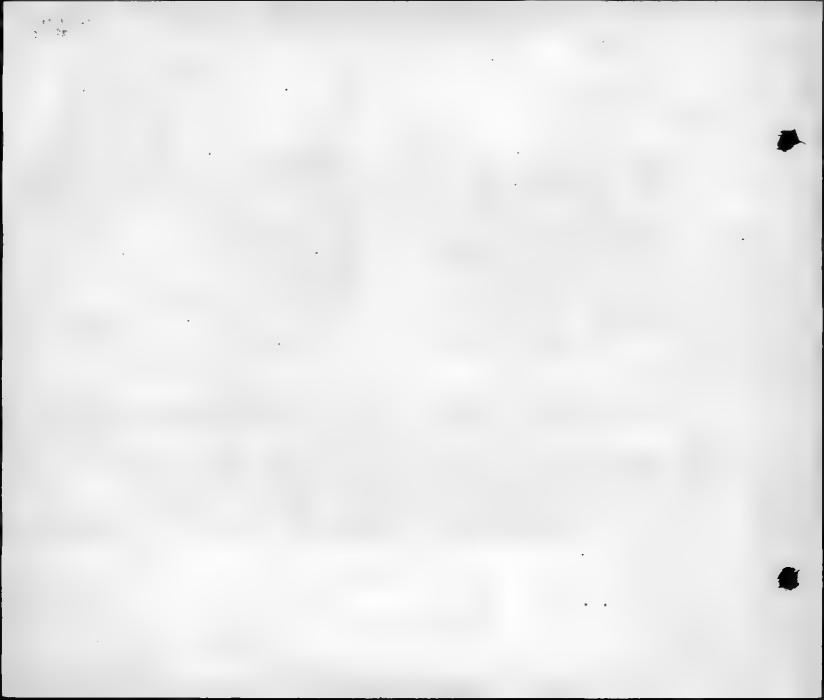
VII A15ME 5M 2/57

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## 5406

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	2400			Reg	, Dist, No.
1	PLACE OF DEATH	The second secon	2. USUAL RESIDENCE (V	Vhere deceased lived. It institution: R	esidence before admission)
	o. COUNTY Baltimore	MARYLAND	o. STATE	b COUNTY	77 . 7
	ond give negrest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RURAL	Balto
L	Sparks	2 Lonths	Sparks		
	E. NAME OF HOSPITAL OR INSTITUTION (If no		d STREET ADDRESS		e. S RESIDENCE
_	Duncan Hill Rd.		Duncan H	fill Rd.	YES NO
	NAME OF First DECEASED (Type or print) James Earl	Milliams	Lost	4. DATE Month OF DEATH May 16	Doy Yeor
5.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9 AGE (In years IFUN	DER TYEAR IF UNDER 24 HRS
	M C W	DOWED DIVORCED []	<b>1/31/98</b>	6T yrs Month	hs Doys Hours Min.
100	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106 KIND OF BUSINESS OR INDUST			CITIZEN OF WHAT COUNTRY
	Truck Driver	Trucking Co.	Va.		U.S.A.
13.	FATHER S NAME	Tracuting Co.	14 MOTHER'S MAIDEN N		U + D + file
	Harry Williams		Unknown		
15.	WAS DECEASED EVER IN U. S. ARMED FORCES	57 16 SOCIAL SECURITY NO 17. H	NFORMANT	Address	warmer, anarchimidelikehilikemin is is 79
(10	NO	h = n =	rtle_Jacks	on Charles Md	
-	18. CAUSE OF DEATH   Enter only one couse p		TOTALDECED	on Sparks, Md	INTERVAL ESTWEEN
	PART I. DEATH WAS CAUSED BY:		rdio vascul	ar disease.	ONSET AND DEATH
	DUE TO	<u> </u>	<del></del>		-
	Conditions, if any, which) (b)				
	gave rise to immediate cause				
	(o), stating the underlying DUE TO				
z	PART II, OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	INAUDISEASE CONDITION GIVEN IN	PART HALLO WAS AUTOPSY
8				The state of the s	PERFORMED?
5	200 EXTERNAL CAUSE WAS 200 D	ESCRIBE HOW INJURY OCCURRED (E	nter est es et laiser es Basi	A Law Bash (Lat law 185)	AE2 NO
CERTIFICATION	200. EXTERNAL CAUSE WAS IRIMARY OF CONTRIBUTING CONTRIBUT	ESCHOL HOW HOOK! OCCORNED (C	mer nosore or migray in ron	i i or row ii ot iiem is.;	
WEDICAL	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e PLA	CE OF INJURY (Home, form	20f. (City or town)	(County) (State)
450	Hour e, m, p, m, 19	While Not while tack	ory, street, office bldg., etc.	7	
	21. I certify that I taak charge of	the remains described aba	ve. held an Autops	v . Inspection . Inc	wirv . and in my
	apinian death resulted fram: Nat			Hamicide , Undetermine	
		and cooles [ ], Accasem [		Tonnelde [], Onderenitine	o monner [_]
	ACTUAL (1. ) 4. 7	rance	CHIEF MEDICAL EX	(AMINER [7]	DATE SIGNED
	SIGNATURE ( )		M.D. ASSISTANT MEDICA		
	EXAMINER'S A.M. France		DEPUTY MEDICAL		5/17/59
220	BURIAL CREMATION 226 DATE THEREOF	22c NAME OF CEMETERY OR		22d. LOCATION (City, town, or coun	(5tote)
	REMOVAL (Specify)				
23	Burial 15/19/59 -	Stephenson	24c REC'1	Sparks Balto D BY REGISTRAR 246 REGISTRAR'S	SIGNATURE
12	a Oldst 1	nmer of	P (L		
17	"-xi wasasman ki-1	of 11 to calle		my r o aa Cryc	on & thousand
	1	Balto. r	nd,		



VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05397

5407 CERTIFICATE OF DEATH

Reg.	Dist.	No.
44.00		

		~_~~~~~									
1. PLACE OF DEATH o. COUNTY Baltimor			MA	RYLAND	2. USUAL RESI G. STATE Mar	ylanc	Vhere decease	d lived. If insti b. COUR	tution Resid	ience before	e admission)
RURAL and give	(If outside carporale lim nearest town)	ils, write	c. LENGTH OF STA	AY IN 1b	c. CITY OR	TOWN (IF	outside corpo	orate limits, wri	e RURAL an	d give neor	rest town)
Fort Now			16 Days			isbu	7		2.1	in oil	V
OR INSTITUTION					d. STREET /		ton O		PTA	1 -	ON A FARM?
	Administra				Pac	1110	Ave.U	resapeal	ce ngt		YES NO P
3. NAME OF DECEASED		rst ****	Mide		la Terre re re and		4. DATE OF		Month	Doy	Year
(Type or print)  5. SEX		UL	0.		WILLIAM		DEATH			27	
	6. COLOR OR RACE	1		_	B. DATE OF BIRT		1003	9 AGE (In yellaştı þirihda	y) Months		Hours Min
Male	White ION (Give kind of work	WIDOW		CED T	March				rrs.		
during mast of we	orking life, even if relired	1)		OK INDU							WHAT COUNTRY
Truck Driv	<u>er</u>		Trucking		14 MOTHER'S		Mary.	Land		U.S.	Α,
	774 mme							_			
Clayton Wi	/ER IN U S ARMED FOI	CES2 14	SOCIAL SECURITY N	10 17			illiams	-	Sum ci (1	11 F 6	Sal.Md.
Yes, no or unknown) Yes	(it yes, give war or dote of	ervice}	213-1k-69								
											Maryland
PART I, DE	EATH [Enter only one co	iuse per ii critici					HEART	SECONDA	RY TO	ONSE	T AND DEATH
6 6 24 4	ATH WAS CAUSED BY: IMMEDIATE CAUSE (		MONARY EMI	HISM	MA SEVER	<u>E</u>				U	NKNOWN
5271	DUE TO		וים עם גווירוני <b>ד</b>	TDUVE	TPM ODGE	רותו לי/ז דרנו	r tana dinazz	na na na na na na na na na na na na na n			377737 2 2 2 4
Conditions, if	immediale		LHONARY EI	arur?	il IA CEST	MJ( I.)	I AR LIT	75		U	NKN WN
Couse (a), stating											
	THER SIGNIFICANT CON		CONTRIBUTING TO E	FATH BU	T NOT RELATED TO	THE TERM	UINIAI TISEAS	E CONDITION	CIVEN IN P	APT 1(=) 19	WAS AUTOPSY
PULLONA	MY TUPERCUI						THE PLANT	L CONSTITUTE			PERFORMED? YES NOTE
200. ACCIDENT V	VAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)		CRIBE HOW INJURY			of injury in	Part I or Par	t II of item 18.)			
20c. TIME OF INJE Hour o. m.	IRY Month, Day, Ye	While	NJURY OCCURRED  Not while rk at work	20e. Pl	ACE OF INJURY ( ectory, street, office	Home, for e bldg., e	rm, 20f (City	y or tawn)		(County)	(State)
21. I certify	that X attended the	deceas	ed from May		11, 19,59	to Ma	2V	27, 19,	59 XXX	XXXXXX	XXXXXXXXX
CRYCXXXX	XXXXXXXXXX	XXXX	XXXXX and the	nt deatl	a occurred of	2:50	PM from	n the cours	e and an	the dat	atatad shaw
	0 0			ai acair	i accorred at	لا گفته ال ۱۳۰۰	ADDRESS (S	treet, city at too	vn, state)	the oare	Sigred abave DATE SIGNED
ACTURE	John W.	_~41	Strong		M.D. VAH	TORT	HOWARI	MARY	LAND.		5/27/50
		1 146.4	700		mio. Hastig	*-A8F4"	_XMEUJANG	<\$	H3442		
PHYSICIAN'S NAME (Type)	JOHN W. CRA	WFORI	D', M. D.		VAH	, For	t Howa	ird, Nar	<u>yland</u>		5/27/59
220 BURIAL, CREMATI REMOVAL (Specify	ON, 2281 DATE HEREC		22c NAME OF GE				22d LOCA	TION (City, tow	n, ar county	1	(State)
Burial	a.y	31	59 Memori	al Pa	ark		5	alisbur	y. Md		
23. FUNERAL DIRECTO			ADDRESS				D BY REGIS		GISTRAR'S		
Holloway	& Co. Salis	bury,	Md.			DATE J	UN 2 '	59 <	arthur .	8. Than	4.



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5408 Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) D COUNTY o. Staryland b. COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest fown]
Lutherville Lutherville life d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
208 W. Seminary Ave. d STREET ADDRESS e. IS RESIDENCE ON A FARM? 208 .W. Seminary YES T NO TA 3. NAME OF 4. DATE Middle Lost Year DECEASED 5-8-59 Anne Elizabeth Wilson DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 1873 IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED 9 AGE (In years last birthday) Months Haurs WIDOWED X DIVORCED T female white 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or fore gn country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) housewife U.S.A. England home 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ????? Schofield Joseph 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address O.W. Buck above no none 18. CAUSE OF DEATH [Enter only one couse po INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. (c) CERTIFICATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101/19, WAS AUTOPSY PERFORMED? YES NO I 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER **IEDICAL** 20e PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour o.m Not while of work of work 19 7 that I last saw the deceased 21. I certify that I attended the deceased from alive on\_ that death occur M from the causes and an the date stated above. ATE SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 22d LOCATION (City, town, or county) 220 BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY (Stote) YTowson 4. Md. Prospect Hill 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 622 York Rd. Towson4, Md. arthur & Kraus DATE MAY 1 1 '59

0 VS A15 (4) 15M 9/55



Mi

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

- 1 TO 1

05399

Reg. Dist. No.

o. COUNTY	Baltimore	MARYLAND MARYLAND	o. STATE Maryland	b. COUNTY Baltimore
b. CITY OR TOWN (I	Outside corporate fimile, write RURAL  Dundalk	c. LENGTH OF STAY IN 16		e limits, write RUSAL and give nearest town)
d. NAME OF HOSPIT	7300 Dunman Wa		6808 Holabira	Avenue on a farm?
3. NAME OF -DECEASED (Type or print)	First ROBERT	V Lawrence	Lost 4. DATE OF DEATH	Month Day Year May 20 1959
5. SEX	6. COLOR OR RACE 7. MARE	HED NEVER MARRIED [ 8.	DATE OF BIRTH 9. A	(GE (In years IF UNDER LYEAR IF UNDER 24 HRS.
Male	White wow		2-8-1904	55 yrs. Months Days Hours Min.
Joseph 13. FATHER'S NAME	g life, even if refired)	et. Gypsum (	o. Parkersberg.  14. MOTHER'S MAIDEN NAME	W. Va. USA
Robert W			Anna ?	
15. WAS DECEASED EV (Yes, no, er unknown)	ER IN U. S. ARMED FORCES? 16 (If yes, give wor or dotes of service)	00 -0 10 4	rs. Dora E. Wine	s, 6808 Holabird Ave.
	DUE TO  ny, which (b)	sterior Fossa Di	iral Tumor.	INTÉRVAL BETWEEN ONSET AND DEATH
cause last.	(c)			
PART II. OTH	IER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 12 NO 1
	205. DESCRI	BE HOW INJURY OCCURRED. (E	Her noture of injury in Port I or Part II of it	em 18.)
ZOc. TIME OF INJUI	19 Whi	le Nat while facto	E OF INJURY (Home, form, 20f. (City or try, street, affice bldg., etc.)	own) (County) (State)
and the same of th	rat-1-tack charge of the fram: Natural couses	_ //		ection, Inquiry, and find that termined cause
ACTUAL	Mull/	men	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type)	Paul F. Gueriu	a. M.D.	ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER	5/20/59
220. BURIAL, CREMATIO REMOVAL (Specify) BULLAL	N. 226. DATE THEREOF	Moreland Me	n /	(City, town, or county) (Stole) imore, Maryland
23. FUNERAL DIRECTOR	4 6 4	ADDRESS	24a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE
Lonnard	4. Ruch 5205	Handand Road	#11/ NATE MAY 2 2 159	Cothus & House

VS. A15ME(5) 5M 9/55



VS A15 (4) 15M 10/S7

AARYLAND	STATE D	EPARTMENT	OF	HEALTH-BALTIMORE,	18
			•	TIENETTI - DALTIMORE,	10

5400 CERTIFICATE OF DEATH

Reg. Dist. No.

05400

	_				4119		keg, Dist. No.					
)	1, 1	PLACE OF DEATH O COUNTY	Baltimore		MARYL	- 11	o. STATE Maryl.		lived If institution  b. COUNTY	on Residence to	efore admissi	an)
	Ī	b. CITY OR TOWN	If autside carparate limi	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
		_ ~	isville		3yr2mth6dys	5	Leonardtov	m		1		
	-		TAL (If not in haspital, g	ive street	address)		d. STREET ADDRESS				e IS RES	
ig			PROVE STATE	C H	OSPITAL		Leor	ardtov	m, Md.		YES 🔲	
	3. NAME OF First DECEASED					_	Last	4. DATE OF	Mon	th	Day Y	ear
		(Type or print)	Ber		Mattir		Wise	DEATH	May	12	1	9 59
	5. 5	_		7. MAR	RIED NEVER MARRIED		DATE OF BIRTH		P. AGE (In years lost birthday)	Months Dan		R 24 HRS
	_	emale	white	WIDOW	Barrel		July 4, 1889		los birthday) 9 yrs.			
1	10a	housewi	king life, even if refired	dane 10b	. KIND OF BUSINESS OR	INDUSTR	Y 11 BIRTHPLACE (Store Mar;	or fareign co Vland	untry)		S. A.	COUNTRY?
1	13.	FATHER'S NAME					14 MOTHER'S MAIDEN N	IAME				
		Jame	s Mattingly				Hortense I	layden				
	15 (Yes	WAS DECEASEDEV	ER IN U. S ARMED FOR		SOCIAL SECURITY NO.	17 INFO	RMANT		Addi	ress		
	u	nknown			unknown	Rec	ords: SRA	IG GRO	OVE STA	E HOS	PITAL	
				use per l	ine far (a), (b), and (c).}					L	NTERVAL BET	WEEN
		PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Ar	teriosclero	tic c	ardiovascula	ar disc	ease		MASEL MIAD	DENTH
		specoul	DUE TO									
		Conditions, if		Ge:	neralized a	rteri	osclerosis					
		gave rise to couse (a), stating										
	_	lying cause last.	. / /-									
)	ATION	PART II. Q1	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(c	19 WAS A PERFOR	RMED?
	CERTIFICATION	I OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	206 DE:	SCRIBE HOW INJURY OG	CURRED. (	Enter nature of injury in F	art I or Part	II of item 18.)		1 0	
	CAL	20c. TIME OF INJU	RY Month, Day, Yea	or 20d.	INJURY OCCURRED 2	20e PLACE	OF INJURY (Hame, farm	20f. (City	or town)	(Coun	ty)	(State)
	MEDICAL	Hour a.m. p.m.	19	While at wo		Factor	y, street, affice bldg , etc.	)				
		21. I certify t	hat I attended the	decea	sed from Ma	rch 3	0, 19 59, to	May	12 , 19 59	.that I last	saw the	deceased
		alive an	May 12	195	2, and that a	death o	corred at 1:00					
		0		18	1 2				eet, city ar tawn,			TE SIGNED
		SIGNATURE_	Illa "	va	eusees	M.D	SPRING	GRO VE	STATE	HOSPIT	AL 5-	12-59
1		PHYSICIAN'S	tella Wachs		36 T)		0.4		) 24	•		*
1		177	~				Catonsvi					
	220	REMOVAL (Specify Buria)	ON, 226. DATE THEREO	F	St. Alc			-	ON (City, tawn, o	• • • • • • • • • • • • • • • • • • • •	(State	)
	22			9		y su.			ardtown	A	Md	•
	23.	FUNERAL DIRECTOR	2 STONATORE	1.	ADDRESS	1+	~ N	BY REGISTR		STRAR'S SIGNA		
	_/	" (sang	1 Maxien	4/00	Lonar	Cleru	PLOP DATE M	Y 1 5 '5	9 0	alling & A	and	



2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a STATE b. COUNTY Marvland Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore / d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3901 Coolidge Avenue 4. DATE Year May 11 Witt DEATH 19 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months -Days 18. 1893 Dec. Virginia U. S. A. Lynchburg. 14 MOTHER'S MAIDEN NAME Annie E. -Ruhling Coolidge Avenue ONSET, AND DEATH WAS AUTOPS PERFORMED? YES NO (County) DATE SIGNED

I. PLACE OF DEATH a COUNTY MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest token) c. LENGTH OF STAY IN 16 along d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION YES NOT K House in the Pines 3. NAME OF First Middle DECEASED Cleveland (Type or print) Ernest 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 17 B. DATE OF BIRTH 5. SEX male white WIDOWED [7] DIVORCED [7] 10g USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most af working life, even if retired) Davidson Chem. Machinest 13 FATHER'S NAME Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** Canditions, if any, which ) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(D) 19. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (Stote) factory, street, affice bldg., etc.) Haur a.m. Not while at work at work p. m. 1955 to 5- 11 1959 that I last saw the deceased 12-29 21. I certify that I attended the deceased from and that death occurred at 11 A.M. from the causes and an the date stated above.

NAME (Type) 270 BURIAL, CREMATION, 226 DATE THEREOF REMOVAL (Specify)

PHYSICIAN

ACTUAL SIGNATUR

22c NAME OF CEMETERY OR CREMATORY Mt. Olivet

Baltimore 240. REC'D BY REGISTRAR DATEMAY 1 3 '59

24b. REGISTRAR'S SIGNATURE

arthur & thous

Maryland

(State)

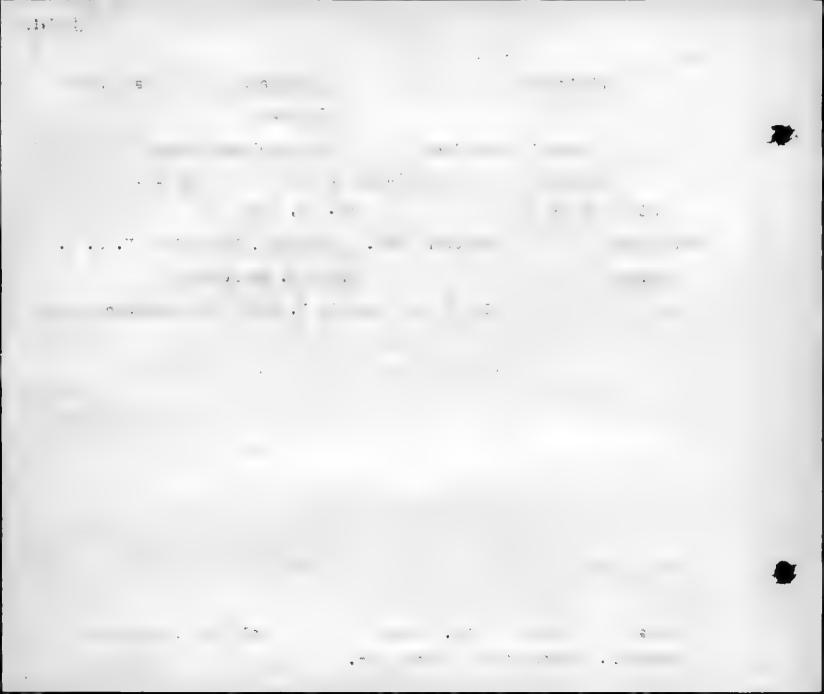
22d LOCATION (City, fawn, or county)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Howard H. Hubbard 4107 Wilkens Ave.

0 VS A15 (4) 15M 10/57

page



V\$ A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05402

1				54	11 CERTI	FICA	ATE OF	DEAT	1		Reg. Dis	l. No.	- 204
	1.	PLACE OF DEATH o. COUNTY	altimore		MAR	rland :	o. STATE	orvla		lived. If institut		e befare oc	
	1	b. CITY OR TOWN (IF RURAL and give net	outside corporate limi aresi tawn) erlea	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR		oulside corpor	ate limits, write R			
		d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g		address)		d STREET	ADDRESS	Beech	ATTA		0	RESIDENCE ON A FARM?
		NAME OF DECEASED (Type or print)	Marga	ret	Middle B•	Ţ	lo Vohrna		4. DATE OF DEATH	Mon	av	Day	Year 1959
		sex Female	6 COLOR OR RACE White	WIDOWE	D DIVORCE	□□	B. DATE OF BIRT	1891		9 AGE (In years last birthday) 67 yrs		YEAR IF U	INDER 24 HRS
		HOUSEWI FATHER'S NAME	ng lite, even it retited	dane 10b.	KIND OF BUSINESS C	OR INDU	В	al time	ore. Mo		12. CITI	USA	HAT COUNTRY
1		Henr.		reso   14	SOCIAL SECURITY NO	17 8	14. MOTHER'S		Charlo				
,	(Ye	NO (1	I yes, give wor or dates of s	erwce)	None	Cr	arles J	- Wohi	rna_6	Add 710 Beec		6	
		PART I, DEAT	TH Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (a	, <u>C</u>	erebral	4	orrhage	)				INTERVAL BETWEEN CASET AND DEATH	
		Conditions, if an	mediate	)	Hyperten	sion	1					5 y	rs.
	N	lying cause lost.	he under- DUE TO (c) ER SIGNIFICANT CON	)	Arterios			THE TERM	INAI DISEASE	CONDITION GIV	/FNI INI PART	(a) 18 W	VACALITOPSV
)	CERTIFICATION				RIBE HOW INJURY O							PE	RFORMED?
		20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 20g. TIME OF INJURY			JURY OCCURRED		ACE OF INJURY						
	MED.CAL	Hour a.m. p.m.	19	While at work	Not while at work	foc	tary, street, affic	e blog., etc	)		`	ounly]	(\$lote)
			t 1 attended the	decease		27 – death	accurred at	9 a	A.M, from	the couses o	ind on the	ost saw t e date s	tated abave
1		ACTUAL SIGNATURE		1	y les		м.р1		verle	eet, city or town,	17070)	5-6-	-59
ž.	22a	PHYSICIAN'S DE NAME (Type) DE			Rigle T	ETERY O	R CREMATORY	alti	more,	6 Md	or county)		States
		REMOVAL (Specify) FUTIAL FUNERAL DIRECTOR'S	5-8-1959			timo		240 000		imore,	Md.		21016
Q	00	sakutus	uraldon	e	740+ Bell	ric.	Rd.	DATE MA			thun g		

M

5412

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05403

	). PLACE OF DEATH o. COUNTY	Baltimore		MA	RYLAND	l i	Mary]		b. COUNT		alti					
	b. CITY OR TOWN (If	b. CITY OR TOWN (If outside corporate limit, write RUFAL end give hearest lown)  Reisterstown						c. CITY OR TOWN (If autide corporate limits, write RURAL and give nearest town)  > Owings Mills								
	d. NAME OF HOSPITA	emus Rd.		ital, give street add	d. STREET	e. IS RES DENCE ON A FARM? YES NO										
	3. NAME OF DECEASED (Type or print)	Will		Middle D.		Wol:		4. DATE OF DEATH	Mont May	•	Doy 11	Yea	59			
	s. sex Male	6. COLOR OR RACE	WIDOWED	DIVORCE	•	July 2	1,18	98	9. AGE (In years lost berthday) OU yrs.	IF UNDER 1		UNDER	24 HRS. Min.			
	100. USUAL OCCUPATION OF THE CONTROL OCCUPATION OCCUPATION OF THE CONTROL OCCUPATION OC	N (Give kind of work Dealer	dane 10b. Kl	IND OF BUSINESS C	OR INDUST	RY 11. BIRTHPL	ACE (Slote Mary	or foreign of	ountry)	12. CITIZ	EN OF W		OUNTRY?			
\	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME	······	,						
	Jaco	b W. Wolf					Sa	rah A	. Kreid	ller						
	15. WAS DECEASED EVI	R IN U. S. ARMED FO	service)	OCIAL SECURITY N		FORMANT			Address							
	No	No	21	8-32-454	8 Mr	s. Lou	ise :	B.Wol	f Owin	ngs M	ills	, M	d.			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (a)  Gunshot wound of neck															
	78/X DUE TO Conditions, If any, which) the															
	gave rise to Immed (a), stating the s	inderlying DUE TO				<u> </u>										
}		ER SIGNIFICANT CON		NTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	'EN IN PART	1(a) 19. YES	ERFORM	ITOPSY AED?			
	PART II, OTH  200. EXTERNAL CAU  PRIMARY Or CON CAUSE OF DEATH.	SE WAS UTRIBUTING		HOW INJURY OCC				Lor Port II	of item 1B.)							
	20c. TIME OF INJUING HOUR OF INJUING	Y Month, Day, Ye		JURY OCCURRED	200. PLAC	E OF HUURY	Home, form	20f. (City	or town)	(Cavi	nty)		(State)			
	Hour a.m.	5/11 19	59 White	k at work		ry, street, offici Road	pidg., erc.)	1		Bal to	more		Md.			
		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry , and find that														
	death resulted	from: Notural	couses [	], Acgident [	], Suid	ide 🔲 , 🛚 H	lomicide	📆, Un	determined o	ouse 🔲.						
	ACTUAL SIGNATURE	SIGNATURE ( LACE OF CLLY) M.D. CHIEF MEDICAL EXAMINER										(10 /				
, es	EXAMINER'S NAME (Type)			S. Petty,	M.D.			XAMINER C			ر ک	/12/	<i>5</i> 7			
	220. BURIAL CREMATIO REMOVAL (Specify) Burial	N, 22b. DATE THEREC	OF 2	22c. NAME OF CEM					ION (City, lawn,			(State)				
	Burial 23. FUNERAL DIRECTOR		4,195	9 Druid ADDRESS	Ride	e	64- 546		kesvil;			d.				
	J.F.Eline		Reist		Md.			BY REGISTI		STRAR'S SIG						
					,		DATE 61/	VIA	2	-1 _ 0	4					

V\$. A15ME(5) SM 9/55

HEALTH DEPT.

M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is precessary, please execute the state of state of the word "pending" in pending them. 19. Give Pages 1, 2, and 3 to the funer rector. Page 4 should be warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files.

TO FUNERAL DIMECTER: Bage 3 should be ased as a buriol-transit permit. File gages 1 and 2 with the Blate Board of Health, an its designated agent, prior to buriol, cremation, as removal, and in any event within 72 hours after death.

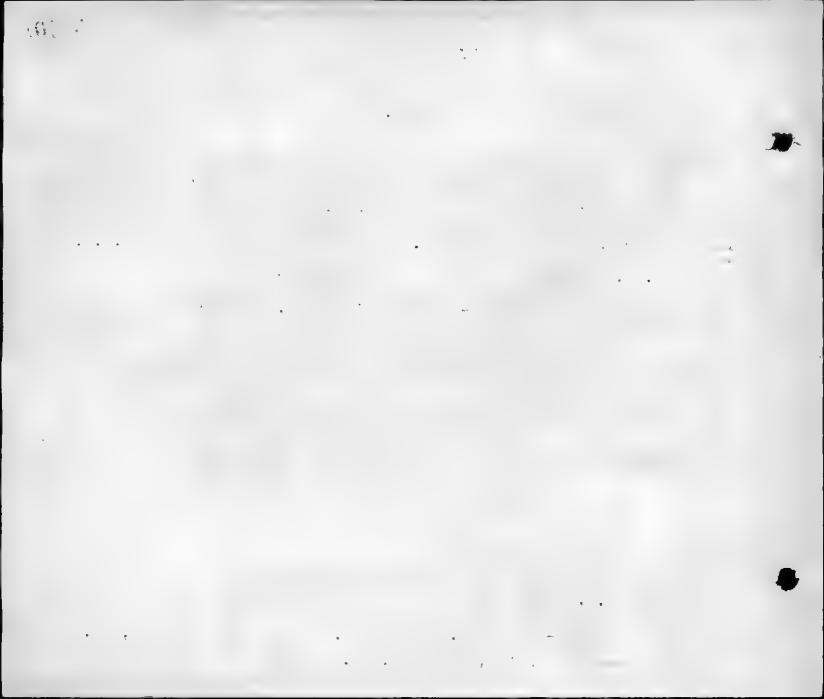
VS A15ME

5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

105404 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5413 Reg. Dist. No.

1. PLACE OF DE	EATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
• COUNTY	Bal timore		MARYLAND	o. STATE Maryalnd b. COUNTY Baltimore							
b CITY OR TO	OWN (If outside corporate firm is, write	RUFAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	sparks		25 yrs.	Sparks							
d. NAME OF	HOSPITAL OR INSTITUTION (	f nat in hos	priat, give street address)	d STREET ADDRESS  on a FAPING  YES   NO IN							
3. NAME OF	Fin	. =	r 4 so Middle		4. DATE			=			
DECEASED (Type or print		TT./	vin Middle podward	tost	OF	ay 26	Day Ye	59			
5. SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED 8	DATE OF BIRTH	9 AG	E (In yours IF)	INDER TYEAR IF UNDE	R 24 HRS			
male	whitek	WIDOWE	DIVORCED [	7-30-1897	6	1 rthday Mc	onths Days Hours	Min.			
10a USUAL OCC	CUPATION (Give kind of work	done 10b. K	IND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (State	e or fareign country		12. CITIZEN OF WHAT C	OUNTRY?			
	ervisor	to	ool mfg.	Marylar	nd		U.S.A.				
13. FATHER'S N.				14 MOTHER'S MAIDEN	NAME						
Wm.	D. Woodward			Lydia Chr	rist						
15. WAS DECEA	SED EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. IF	FORMANT		Address					
no	for half dies con on an an an		12-07-6262	Lillian W.	. Woodwa:	rd	above				
18. CAUSE	DF DEATH (Enter only one cou	se per line	for (e), (b), and (c).				INTERVAL BETWEE	rq -			
PART	PART I. DEATH WAS CAUSED BY: Congestive heart failure										
1	/ / Due to										
Condition	conditions, if ony, which to Carcinoma of the rectum with metastases.										
gove rise to	gove rise to immediate couse										
	(c), stoting the underlying DUE TO										
Z PART	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY										
¥							YES T	NO-FI			
20g. EXTERN PRIMARY CAUSE OF I	or CONTRIBUTING	6 DESCRIBE	E HOW INJURY OCCURRED (E	nter nature of injury in Pa	ort I or Part II of iten	n 28 )					
20c. TIME O	DF INJURY Month, Doy, Yes	White	5 - 1	CE OF INJURY (Home, for nry, street, office bldg , eli	m, 201. (City or tov	Yn)	(Caunty)	(Slate)			
21. I ceri	lify that I took charge	of the r	emoins described abo	ve, held on Autop	sy I. Inspec	tion 🔼 1	nquiry . and	in my			
			couses 🕰, Accident [								
ACTUAL SIGNATURE	ACTUAL SIGNATURE - G. M. France M.D CHIEF MEDICAL EXAMINER (										
EXAMINER NAME (Typ		е		ASSISTANT MEDICAL	CAL EXAMINER []		5/26/5	59			
270 BURIAL, CR	EMATION, 226 DATE THEREO	F	22c. NAME OF CEMETERY OR	CREMATORY	22d LOCATION	City, tawn, or co	unity) (State)				
Buri	al   5-29-59	)	Dul. Valley			eysvil	le, Md.				
	RECTOR'S SIGNATURE	****	ADDRESS		'D BY REGISTRAR	_	R'S SIGNATURE				
Brooks	runeral Ser	ATCE	, Towson 4,	Md. DATE	N 1 '59	arthur	S. Kines				



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05405

		5.	414 C	ERTIFIC	CATE	OF DEA	ATH				Reg. D	ist. No	,					
1. PLACE OF DEATH o COUNTY								2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b COUNTY										
b CITY OR TOWN	(If outside corporate limit	ts, write	c. LENGTH	OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURA								L and give nearest town)						
"Calcherv	h22dys		Baltimor	imore 3 V /														
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, ç	ive street	address)			d. STREET ADDRE	SS							SIDENCE A FARM?				
	OVE STATE	HOS	PITAL			1733 E	ast	Lom	bard	Stre	et			] NO []				
3. NAME OF DECEASED	Fic	37		Middle		lost		4 DATE		Man	th	Da	у	Year				
(Type or print)	Jo seph				Z	ack	OF DEAT		н Мау			19		19 59				
5. SEX	6. COLOR OR RACE	7 MARI	RIED NEVE	R MARRIED	B DA	TE OF BIRTH			9. AGE	(In years oirthdoy)				ER 24 HRS				
male	white	WIDOW	ED 🗍 I	DIVORCED [		May 23,	, 18	383	7	5 713	Months	Days	Hours	Min				
10a. USUAL OCCUPAT	ION (Give kind of work inking life, even if retired	done 10b.	KIND OF BUS	SINESS OR IN	DUSTRY	11 BIRTHPLACE (	State o	r foreign o	country)		12. C	TIZEN C	F WHAT	COUNTRY				
laborer	, , , , , , , , , , , , , , , , , , , ,	'				Polar	nd				]	Pola	nd					
13. FATHER'S NAME					14	MOTHER'S MAIL	DEN NA	AME										
Unknown						Unknown	1											
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECU	RITY NO. 17	. INFOR	MANT				Addi	-							
unknown		, T	Jnkn owr	1	Reco	rds: SF	PRIN	G G	ROVE	STA	TE I	HOSP:	ITAL					
IB. CAUSE OF DE	ATH Enter only one co	use per li	ne far (a), (b),	ond (c) ]										ETWEEN				
PART I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	Arterio	sclero	tic	cardiova	asci	ılar	dise	ase		ONS	EI AND	DEATH				
How &	DUE TO																	
Canditions, if	any, which )	1	Gene rai	lized a	rtei	riosclero	sia	3										
gave rise to couse (a), stating	immediate (	,																
lying couse last		)																
PART II O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING	G TO DEATH E	TON TUE	RELATED TO THE	TERMIN	IAL DISEAS	SE COND	ITION GIV	EN IN PA	RT 1(a) 1	9. WAS	AUTOPSY ORMED?				
Z													YES [					
OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW II	NJURY OCCU	RRED, (En	ter nature of inju	ry in Po	art I ar Pa	rt II of ite	m 18 )								
20c. TIME OF INJU			NJURY OCCUP		PLACE C	F INJURY (Home, street, office bldg	form,	20f (Cit	y or town	)		(County)		(State)				
P. m.	10	While at war	k 🔲 ot wark		,,	once, once biog	is minis											
21. I certify t	hat I attended the	deceas	ed from	May 1		. 1959 . ta		May	19	10 5	9 that I	last se	w the	deceased				
	ay 19	. 19	9 an	d that dec		urred at 5:		M. fro	m the c	COUSES O	ind on	the do	te stat	ed obove				
	~						A	DDRESS (S	treet, city	r or lawn,	state)	ine aa	D.	ATE SIGNED				
ACTUAL SIGNATURE	Stella li	ia ex	iles		ALD.	SPRING	GR	ROVE	STA	E H	OSPI'	TAL	5-19	9-59				
					*********						~							
PHYSICIAN'S NAME (Type)	Stella Wac	hsler	. M. D			Catonsy	111	e 28	Man	y lan	d							
220 BURIAL, CREMATI	ONT 226 DATE THEREC	F j	22c NAME	OF CEMETERY	OR CRE		-	22d. LOCA		Z			(Stol	le)				
REMOVAL (Specify	no Jana	22/	19 1	1 Erea	1011	astol	51	7241	1.34	111	- 076	2.						

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

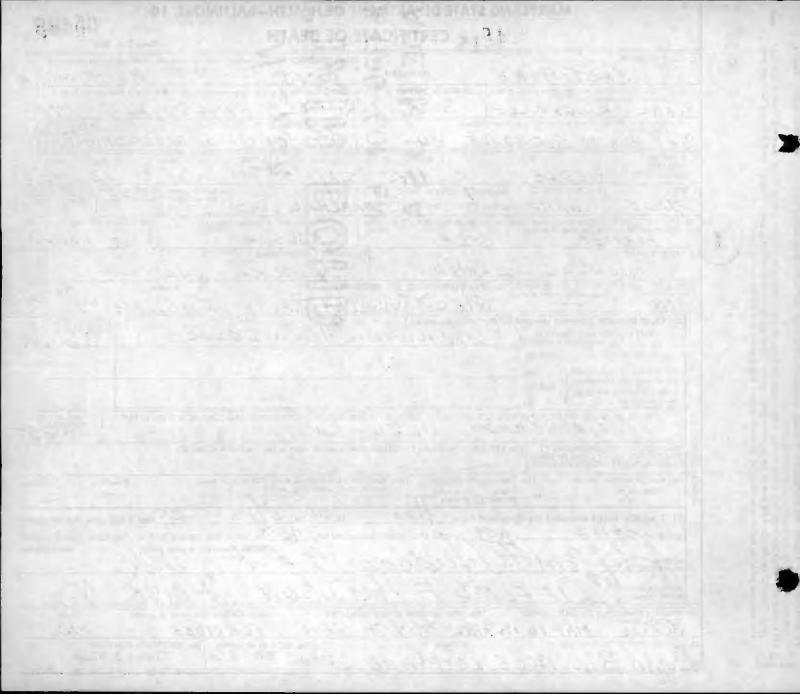
arthur S. Krous

ADDRESS

23 FUNERAL DIRECTOR'S SIGNATURE

VS A15 (4) 15M 10/57

, T.



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# 1 m	100	1
should be filted with	in .	)
Ď,		
shaule		V
N		X
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ter death. Page 4

by the funeral director, PITAL OS ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 having the retained by the haspital or attending physician.

ERAL CARCTOR: After this certificate has been signed by the attending physician and campletely filled in 15 3 should be detached far use as the burial-transit permit. Then please remave carban perpense. Pages I and gistrar prior to burial, cremation, ar remaval, and in any event within 72 havrs after feath. eoth.

TO HOS	may b	TO FUN	pode	the red
			5 (4 0/5)	

		TIL	CEKTIFIC	LAIL	OF DEAL	H		Reg. Di	st. No.	() ()	101		
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLANG		STATE MAT	Where deceased yland	d lived. If institution b. COUNTY	on: Residen	-	odmiss	ion)		
b. CITY OR TOWN RURAL ond give	(If outside corporate lim nearest lown) ESSEX	its, write	c. LENGTH OF STAY IN 11	5	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)  ESSEX								
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g		*	1	STREET ADDRESS	Maryla	md Avenu	e			FARM?		
3. NAME OF DECEASED (Type or print)	HENRY	rst	Middle	ZAL	OSKI	4. DATE OF DEATH	May	th	2 Poy		Yeor 19 59		
5. SEX Malé;	White	WIDOWI		Nov	r. 30, 186		9. AGE (In years lost birthday) 99 yrs.	Months	1 YEAR Days	Hours	R 24 HRS. Min.		
Retire	rking life, even it retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Sto	te or foreign c	ountry)		S.A		COUNTRY		
13. FATHER'S NAME	ER IN U. S. ARMED FOR	CES? 16.		. INFOR	MOTHER'S MAIDEN MANT Margaret		? Addi	ess					
	the under-	AR			COMPE		TION		ONSE	ET AND	DEATH		
3 SEV	IERE H	YPO	ONTRIBUTING TO DEATH B	4	NAEMI	A		EN IN PART	1(0) 19	PERFO	AUTOPSY RMED?		
O (IF EITHER, NOTIF)	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)  RY Menth. Dov. Year		CRIBE HOW INJURY OCCUR										
Hour o.m.													
alive on 14	rosph	D2	ed from UNE  9, and that dea  nceh  ELI M.D	M.D.	orred at / 1 /	ADDRESS (SI	the causes a reet, city or town, c	nd an th	ost sove date	w the state of 5	deceased deceased above the signed deceased dece		
	May 27,	L959	22c. NAME OF CEMETERY Sacred Hea		f Mary	Balt	IION (City, town, o	ntv.		(Stote			
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